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ABSTRACT

This report presents the results of an annual survey of housestaff stipends, benefits, and funding for physicians at teaching hospitals in 1992. The data, presented in 48 tables and 4 figures, are based on responses from 325 members of the Council of Teaching Hospitals (COTH), an 83 percent response rate to the survey. Chapter I contains stipend data for all respondents, reported by hospital region, ownership, and city. Data are unadjusted for regional wage differences and only in Table 2 are data adjusted for inflation. Chapter II contains data on benefits provided to housestaff and their dependents. New questions this year include recruitment incentives, provision of day care, and infection control policies. Chapter III contains data on teaching hospital expenditures and sources of funding for housestaff stipends and benefits. The cross-tabular format displays benefit and expenditure data by region and ownership. Appended are recent articles published in the bimonthly "COTH Report" newsletter. These articles, which are based on data collected in the last year's housestaff survey, address alternative scheduling for housestaff, disability insurance, and immunization policies. Other appendices include the survey response rate by region and ownership and the 1992 COTH housestaff survey questionnaire. (JB)

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Survey of Housestaff Stipends, Benefits and Funding, 1992

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October 1992

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DIVISION OF CLINICAL SERVICES

Surveys Conducted for the Council of Teaching Hospitals

- COTH Survey of Housestaff Stipends, Benefits, and Funding
- COTH Survey of Hospitals' Financial and General Operating Data*
- COTH Executive Salary Survey**

Surveys Conducted for the Group on Faculty Practice

- GFP Practice Plan Profiles*

**Distributed on a confidential basis to survey participants.*
***Distributed on a confidential basis to COTH member CEOs.*

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Council of Teaching Hospitals

Survey of Housestaff Stipends, Benefits and Funding, 1992

Prepared by

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Division of Clinical Services

The Association of American Medical Colleges represents 126 accredited United States medical schools, the 16 Canadian medical schools, 87 academic and professional societies, 393 major teaching hospitals--including 72 Veterans Administration medical centers--and the nation's medical students.

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INTRODUCTION

The COTH Survey of Housestaff Stipends, Benefits, and Funding is published annually by the Association of American Medical Colleges (AAMC). The 1992 survey questionnaire, which appears in Appendix B, was sent to all Council of Teaching Hospital (COTH) members in May 1992. This report summarizes the responses from 325 members, an 83 percent response rate. As several surveys contained only partial data, fewer than 325 respondents are represented in many tables.

The 1992 report displays data in cross-tabular format allowing hospitals to compare their stipend and other data across multiple peer groups. It includes only those characteristics which are significant determinants of variation in housestaff stipends, according to regression analyses. Some survey results do not appear in the tables and are analyzed in the text. Readers should note that historical data displayed here (with the exception of Table 1) do not represent a cohort of institutions, as different COTH hospitals may respond to the survey each year. Therefore, changes in stipends from year to year reflect characteristics of responding hospitals as well as actual salary changes.

The layout of the report is similar to prior years. Chapter I contains stipend data for all respondents, reported by hospital region, ownership, and city. Data are unadjusted for regional wage differences and only in Table 2 are data adjusted for inflation. Approximately 29 percent of respondents estimated 1992-93 stipend data. Chapter II contains data on benefits provided to housestaff and their dependents. New questions this year include recruitment incentives, provision of day care, and infection control policies. Chapter III contains data on teaching hospital expenditures and sources of funding for housestaff stipends and benefits. The cross-tabular format displays benefit and expenditure data by region and ownership. Appended are recent articles published in the bimonthly COTH Report newsletter which are based on data collected in last year's housestaff survey. These articles address alternative scheduling for housestaff, disability insurance, and immunization policies. Other appendices include the survey response rate by region and ownership and the 1992 COTH housestaff survey questionnaire.

The cooperation of all participating COTH member institutions is greatly appreciated. The comments of those who complete the surveys also are valued as they add to the Association's knowledge of our members and facilitate the production of better surveys in the future. Finally, I would like to thank Janie Bigelow, Dale Hall and the Computer Services Department for their efforts. Questions regarding this data book as well as requests for special analyses should be directed to the author.

Alison Evans
Division of Clinical Services

CHAPTER I

HOUSESTAFF STIPENDS AND RESIDENCY PROGRAM DATA

STIPENDS NATIONWIDE (Table 1)

Table 1 contains summary data on national housestaff stipends for each of eight post-MD years. The 1992-93 mean first post-MD year stipend for all COTH respondents is $28,618. Each additional year of post-graduate training is associated with an increase of approximately $1,450 in the mean stipend value. Thus, 8th post-MD year housestaff earn about $10,000 more than 1st post-MD year housestaff. **Table 1** also displays stipend changes from 1991-92 to 1992-93 in percents and dollars. Cohort analysis shows mean first post-MD year stipends in 1992-93 to be $1,319 (5.0 percent) higher than in 1991-92. The percentage increases for higher post-MD levels are greater than the changes a year ago. Current increases range from 4.6% to 5.0% compared to 3.5% to 5.3% for last year.

Most hospitals (92 percent) pay the same cash stipends across all specialties, although program directors in 20 percent of hospitals can pay housestaff additional amounts from department funds. Forty-four percent of hospitals offset stipends if research grant funds are received.

Table 1

Housestaff Stipends Nationwide
1992-93
Dollar and Percent Changes from Prior Year

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st Post-MD Year	314	$28,618	$26,975	$28,309	$29,635
2nd Post-MD Year	314	30,226	28,035	29,600	31,710
3rd Post-MD Year	314	31,795	29,290	30,975	33,432
4th Post-MD Year	310	33,409	30,500	32,480	35,644
5th Post-MD Year	302	34,858	31,928	33,987	37,380
6th Post-MD Year	271	36,258	33,000	35,484	38,875
7th Post-MD Year	194	37,651	34,000	36,300	40,890
8th Post-MD Year	69	39,444	35,000	38,772	44,475

Percent Change from 1991-92

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st Post-MD Year	270	5.0%	3.0%	5.0%	7.0%
2nd Post-MD Year	269	4.9	3.4	5.0	6.2
3rd Post-MD Year	269	5.0	3.5	4.7	6.0
4th Post-MD Year	264	4.9	3.2	4.6	6.1
5th Post-MD Year	252	4.9	3.0	4.5	5.9
6th Post-MD Year	225	4.7	3.0	4.5	5.9
7th Post-MD Year	149	4.6	2.9	4.5	5.9
8th Post-MD Year	40	4.7	3.9	4.5	5.8

Dollar Change from 1991-92

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st Post-MD Year	270	$1,319	$948	$1,300	$1,800
2nd Post-MD Year	269	1,362	1,000	1,355	1,838
3rd Post-MD Year	269	1,430	1,000	1,401	1,898
4th Post-MD Year	264	1,491	1,002	1,454	2,000
5th Post-MD Year	252	1,551	1,006	1,503	1,989
6th Post-MD Year	225	1,547	1,046	1,513	2,025
7th Post-MD Year	149	1,559	968	1,600	2,000
8th Post-MD Year	40	1,713	1,452	1,883	2,373

NATIONWIDE STIPENDS, 1968-69 THROUGH 1992-93 (Tables 2 and 3)

Table 2 traces mean first post-MD year stipends from 1968-69 to the current year. This series of stipends is not a cohort analysis, thus changes in stipends from year to year reflect characteristics of responding hospitals as well as actual salary changes. **Figure 1** shows stipends, both actual and adjusted by the Consumer Price Index (CPI), for 1968-69 to 1992-93. Although the CPI index used has a base year of 1982, the data were adjusted to constant 1968 dollars.

Table 3 adds an additional dimension by providing the increases associated with both a step to the next higher post-MD year and overall adjustments of stipend amounts. Thus, the total increase for a cohort of residents includes a step increase (the increase in payment received when entering the next post-MD level) and a base increase (the over-all average stipend increase associated with inflation for every post-MD year). The mean increase from the first post-MD year in 1991-92 to the second year in 1992-93 is $2,855 or 10.6 percent. The percent increase declines for each succeeding cohort, reaching 7.7 percent for the cohort of housestaff going from 7th to 8th post-MD years.

Table 2

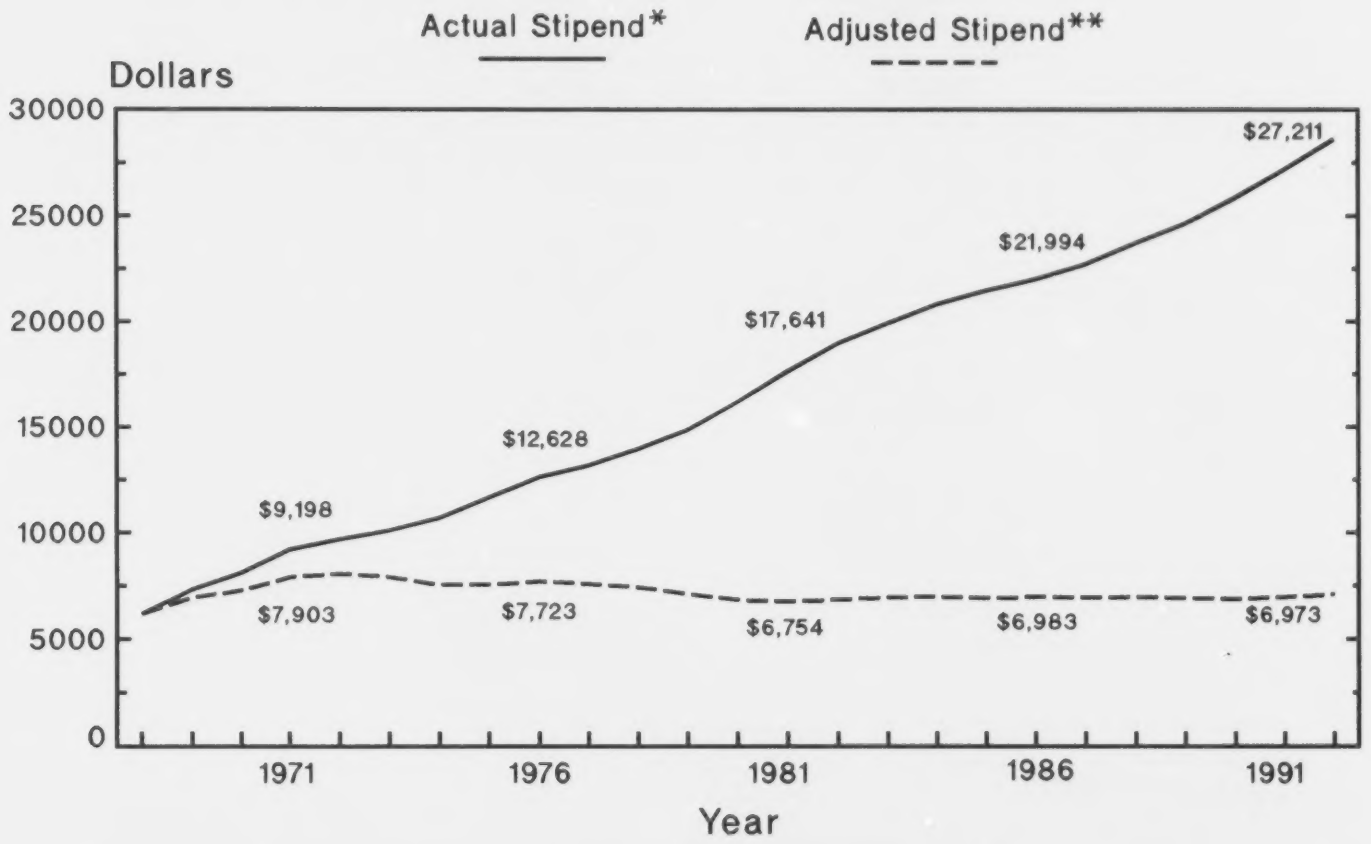
Mean First-Year Housestaff Stipends Nationwide
1968-69 through 1992-93
Actual and Adjusted Figures *

Year	Actual Stipend	Change from Prior Years Percent	Change from Prior Years Dollars	CPI**	Adjusted Stipend
1992-93	$28,618	5.2%	$1,407	140.2#	$7,103
1991-92	27,211	5.2	1,353	136.2	6,953
1990-91	25,858	4.9	1,209	130.7	6,885
1989-90	24,649	3.9	920	124.0	6,918
1988-89	23,729	4.5	1,013	118.3	6,980
1987-88	22,716	3.3	722	113.6	6,959
1986-87	21,994	2.5	538	109.6	6,983
1985-86	21,456	3.1	642	107.6	6,939
1984-85	20,814	4.5	895	103.9	6,971
1983-84	19,919	5.1	958	99.6	6,960
1982-83	18,961	7.5	1,320	96.5	6,838
1981-82	17,641	9.0	1,453	90.9	6,754
1980-81	16,188	9.0	1,335	82.4	6,837
1979-80	14,853	6.4	888	72.6	7,120
1978-79	13,965	5.9	779	65.2	7,454
1977-78	13,186	4.4	558	60.6	7,572
1976-77	12,628	8.1	943	56.9	7,723
1975-76	11,685	9.3	993	53.8	7,558
1974-75	10,692	5.7	578	49.3	7,547
1973-74	10,114	4.3	416	44.4	7,927
1972-73	9,698	5.4	500	41.8	8,074
1971-72	9,198	13.3	1,083	40.5	7,903
1970-71	8,115	10.8	790	38.8	7,278
1969-70	7,325	18.1	1,125	36.7	6,946
1968-69	6,200	---	---	34.8	6,200

* Beginning in 1989, data surveyed are for the forthcoming year.
** Consumer Price Index, Department of Labor, Bureau of Labor Statistics
# Projected

Figure 1

Mean First Year Housestaff Stipends
1968-69 through 1992-93
Actual and Adjusted Stipends



* COTH Survey of Housestaff Stipends, Benefits, and Funding, 1968-1992, AAMC.

** Based on the Consumer Price Index published by the U.S. Department of Labor, Bureau of Labor Statistics.

Table 3

Changes in Nationwide Housestaff Stipends Received by Cohorts of Residents 1991-92 to 1992-93

Percent Changes

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st to 2nd Post-MD Year	269	10.6%	8.5%	10.2%	12.4%
2nd to 3rd Post-MD Year	269	10.2	8.2	9.7	11.5
3rd to 4th Post-MD Year	265	10.2	8.0	9.5	11.8
4th to 5th Post-MD Year	256	9.7	7.6	9.2	11.3
5th to 6th Post-MD Year	231	9.3	7.1	9.0	11.0
6th to 7th Post-MD Year	164	8.9	6.9	8.9	11.2
7th to 8th Post-MD Year	51	7.7	5.7	7.6	10.0

Dollar Changes

Year of Training	N	MEAN	Percentiles 25th	50th	75th
1st to 2nd Post-MD Year	269	$2,855	$2,250	$2,700	$3,345
2nd to 3rd Post-MD Year	269	2,871	2,257	2,734	3,344
3rd to 4th Post-MD Year	265	3,015	2,350	2,834	3,500
4th to 5th Post-MD Year	256	2,992	2,272	2,890	3,508
5th to 6th Post-MD Year	231	2,988	2,271	2,916	3,534
6th to 7th Post-MD Year	164	2,979	2,300	3,013	3,748
7th to 8th Post-MD Year	51	2,713	2,018	2,925	3,515

STIPENDS BY REGION AND OWNERSHIP (Tables 4 through 8)

Stipend data by hospital region (see **Figure 2**) and ownership are displayed in **Table 4** (means), **Table 5** (25th percentiles), **Table 6** (medians), and **Table 7** (75th percentiles). The five ownership groups are: state, municipal (county, city, and district hospitals), church, other non-profit, and Veterans Affairs. **Table 8** reports the number of COTH hospitals responding to the stipend question, by these same categories. Regions are displayed across the top of the tables with data for all four regions combined at the far right. Ownership groups are listed on the left of the tables starting with data for all ownership groups combined. The inclusion of aggregate data facilitates comparison by a specific region or ownership group alone. For example, a municipal hospital in the South can examine data for all municipal hospitals in the South, for all municipal hospitals, or for all hospitals in the South. Readers should note in Table 8 the small number of respondents in some region and ownership combinations--especially municipal hospitals in the Northeast and church owned hospitals in the West.

Figure 3 displays mean first post-MD year stipends for the four COTH regions: Northeast, South, Midwest, and West from 1982-83 to 1992-93. Regional stipend differentials largely reflect geographic cost of living differences.

Figure 2

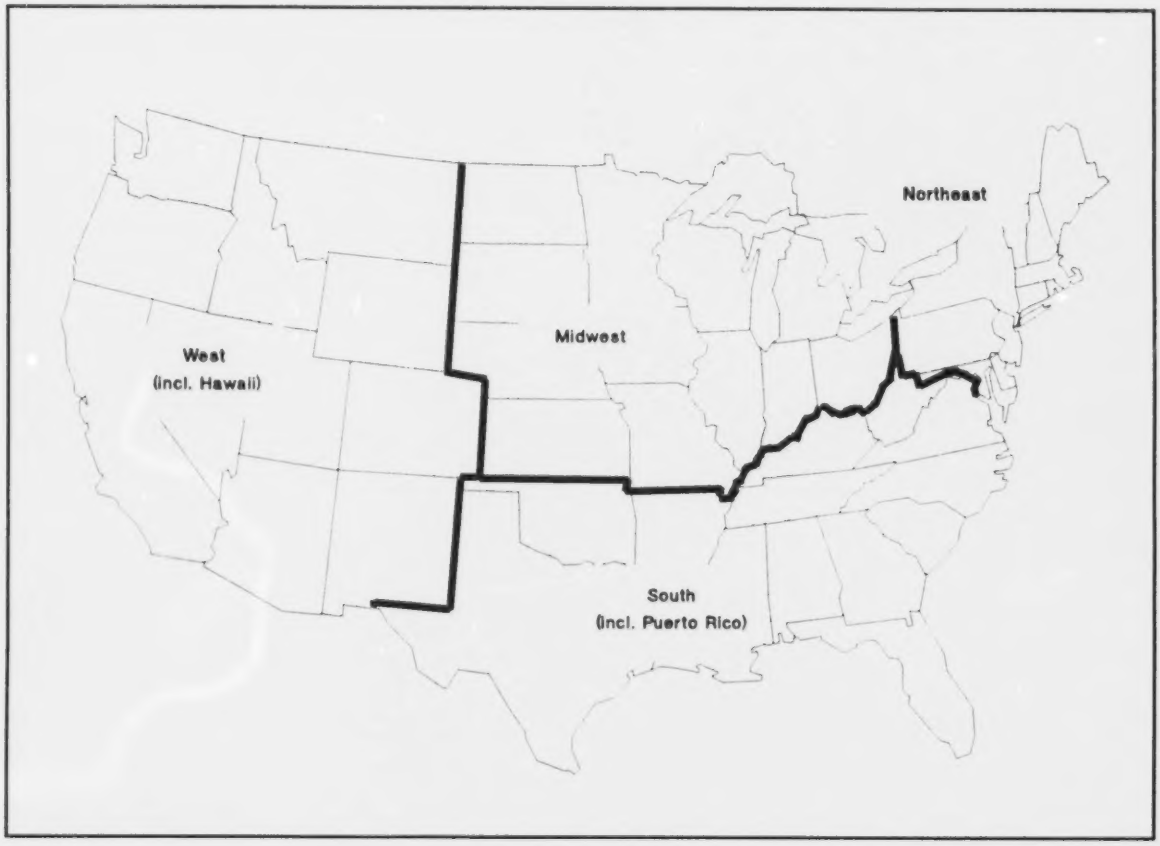


Figure 3

Mean First Year Housestaff Stipends
By Region, 1982–1992
Unadjusted Stipends

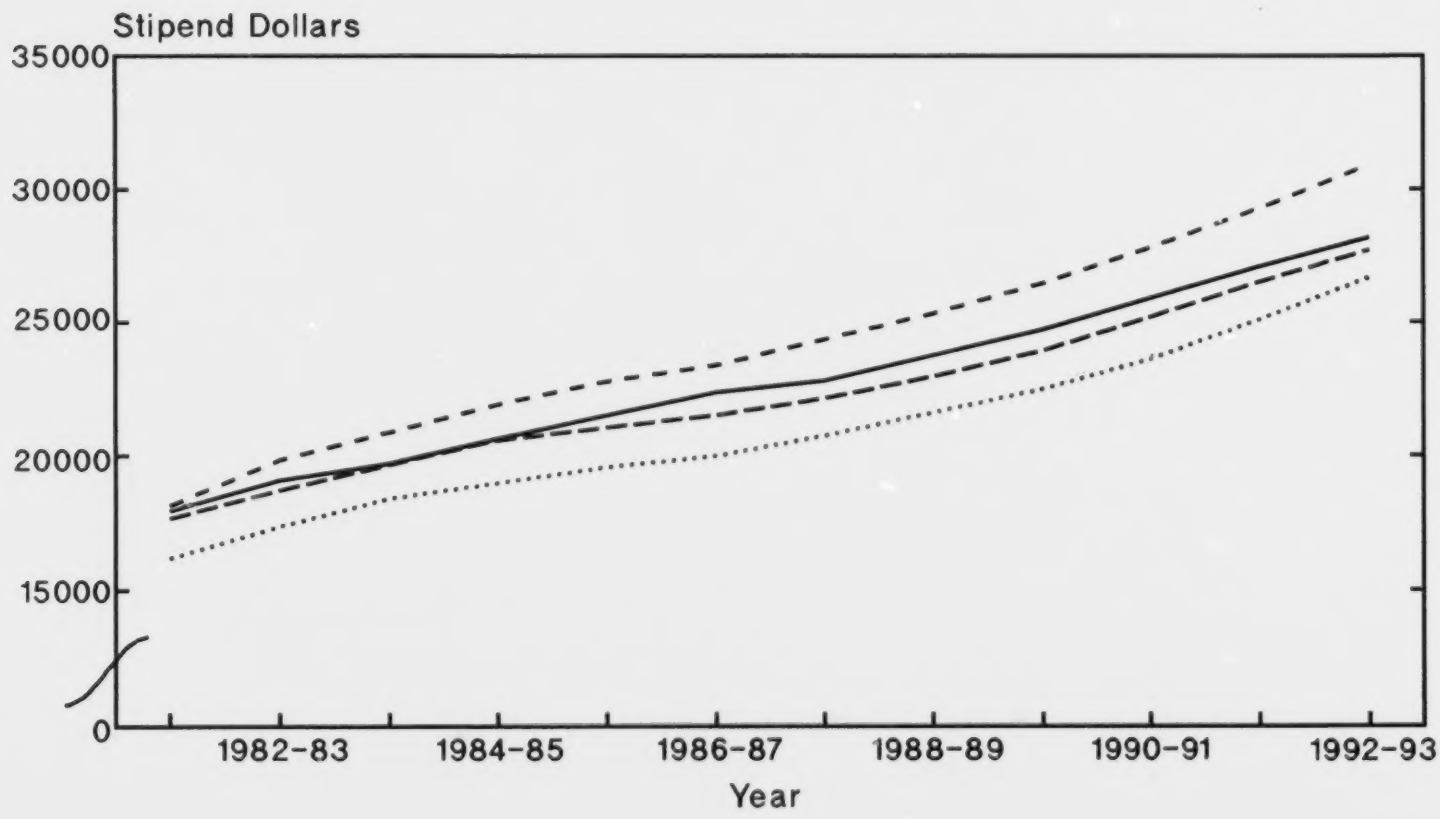


Table 4

Mean Housestaff Stipends by Region and Ownership 1992-93

OWNERSHIP	REGION				
All Hospitals	Northeast	South	Midwest	West	All
1st Post-MD Year	$30,916	$26,669	$27,723	$28,187	$28,618
2nd Post-MD Year	32,814	27,790	28,934	30,955	30,226
3rd Post-MD Year	34,656	29,028	30,158	33,272	31,795
4th Post-MD Year	36,490	30,313	31,497	35,339	33,409
5th Post-MD Year	38,076	31,668	32,735	37,361	34,858
6th Post-MD Year	39,713	32,809	33,866	39,133	36,258
State					
1st Post-MD Year	29,660	26,429	26,448	27,355	26,997
2nd Post-MD Year	31,167	27,608	27,751	29,559	28,454
3rd Post-MD Year	32,472	28,686	28,931	31,589	29,777
4th Post-MD Year	33,987	29,867	30,291	33,591	31,218
5th Post-MD Year	35,629	31,021	31,091	35,544	32,489
6th Post-MD Year	37,149	32,097	32,052	36,955	33,685
Municipal					
1st Post-MD Year	33,772	27,366	27,140	27,961	28,544
2nd Post-MD Year	36,254	28,572	28,368	31,867	30,629
3rd Post-MD Year	39,086	29,964	29,630	34,125	32,438
4th Post-MD Year	40,483	31,460	31,211	36,464	34,146
5th Post-MD Year	41,963	32,810	32,948	38,430	35,787
6th Post-MD Year	43,272	34,509	33,816	40,690	37,407

Table 4 (continued)

Mean Housestaff Stipends
by Region and Ownership
1992-93

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	$31,389	$27,561	$28,418	*	$29,109
2nd Post-MD Year	33,266	28,693	29,568	*	30,539
3rd Post-MD Year	35,352	29,828	30,866	*	32,051
4th Post-MD Year	37,087	31,060	32,162	*	33,496
5th Post-MD Year	38,643	32,243	33,398	*	34,826
6th Post-MD Year	40,049	33,747	34,453	*	36,208
Other Non-Profit					
1st Post-MD Year	30,611	26,686	27,922	28,371	29,111
2nd Post-MD Year	32,481	27,807	29,092	30,906	30,709
3rd Post-MD Year	34,245	29,156	30,323	33,243	32,296
4th Post-MD Year	36,152	30,493	31,642	34,910	34,013
5th Post-MD Year	37,714	31,978	32,874	37,155	35,480
6th Post-MD Year	39,465	33,283	34,124	38,906	37,141
Veterans Affairs					
1st Post-MD Year	32,102	26,136	28,234	28,402	28,208
2nd Post-MD Year	34,142	27,176	29,511	31,079	29,817
3rd Post-MD Year	36,156	28,369	30,675	33,680	31,434
4th Post-MD Year	37,883	29,615	31,951	35,949	32,979
5th Post-MD Year	39,523	31,034	33,257	37,954	34,527
6th Post-MD Year	40,656	31,980	34,471	39,951	35,615

** too few respondents to report data*

Table 5

25th Percentile Housestaff Stipends by Region and Ownership 1992-93

OWNERSHIP	REGION				
All Hospitals	Northeast	South	Midwest	West	All
1st Post-MD Year	$28,843	$25,743	$26,671	$27,288	$26,975
2nd Post-MD Year	30,759	26,782	27,872	28,956	28,035
3rd Post-MD Year	32,236	28,000	29,039	30,576	29,290
4th Post-MD Year	33,982	29,000	30,282	32,220	30,500
5th Post-MD Year	35,275	30,000	31,665	33,852	31,928
6th Post-MD Year	36,843	31,283	32,406	35,496	33,000
State					
1st Post-MD Year	28,624	25,783	26,121	25,952	25,903
2nd Post-MD Year	29,424	27,000	27,500	27,558	27,316
3rd Post-MD Year	30,400	28,195	28,320	28,979	28,646
4th Post-MD Year	32,100	29,150	29,270	30,538	29,921
5th Post-MD Year	34,100	30,000	30,270	32,399	31,176
6th Post-MD Year	35,700	31,150	31,270	34,268	32,169
Municipal					
1st Post-MD Year	33,193	26,814	26,638	27,288	26,902
2nd Post-MD Year	35,991	27,690	27,576	30,613	28,051
3rd Post-MD Year	39,000	28,526	28,920	32,451	29,349
4th Post-MD Year	40,368	29,554	30,048	34,391	30,348
5th Post-MD Year	41,583	30,597	31,836	35,882	31,928
6th Post-MD Year	42,678	31,839	32,568	37,747	33,300

Table 5 (continued)

25th Percentile Housestaff Stipends
by Region and Ownership
1992-93

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	$28,300	$26,800	$27,419	*	$27,300
2nd Post-MD Year	29,850	27,925	28,300	*	28,300
3rd Post-MD Year	31,400	28,875	29,400	*	29,500
4th Post-MD Year	33,150	29,925	30,400	*	30,983
5th Post-MD Year	34,800	30,975	31,708	*	32,300
6th Post-MD Year	35,565	32,025	32,717	*	33,200
Other Non-Profit					
1st Post-MD Year	28,885	25,354	27,350	27,288	27,630
2nd Post-MD Year	30,767	26,446	28,468	30,000	28,825
3rd Post-MD Year	32,271	28,151	29,518	32,857	29,900
4th Post-MD Year	34,066	28,622	30,733	32,220	31,110
5th Post-MD Year	35,636	30,512	32,000	34,132	32,300
6th Post-MD Year	37,543	32,000	33,005	35,865	33,200
Veterans Affairs					
1st Post-MD Year	29,556	24,784	26,267	24,900	25,897
2nd Post-MD Year	31,182	25,641	27,495	26,665	27,289
3rd Post-MD Year	32,805	26,652	28,320	30,576	28,317
4th Post-MD Year	34,431	27,698	29,929	32,220	29,400
5th Post-MD Year	36,054	28,561	31,257	33,530	30,900
6th Post-MD Year	37,680	29,841	32,338	35,496	32,086

** too few respondents to report data*

Table 6

Median (50th Percentile) Housestaff Stipends by Region and Ownership 1992-93

OWNERSHIP	REGION				
All Hospitals	Northeast	South	Midwest	West	All
1st Post-MD Year	$30,023	$26,800	$27,700	$28,877	$28,309
2nd Post-MD Year	31,857	27,768	28,892	31,630	29,600
3rd Post-MD Year	33,570	29,079	30,204	33,906	30,975
4th Post-MD Year	35,508	30,300	31,318	35,490	32,480
5th Post-MD Year	36,941	31,605	32,363	37,436	33,987
6th Post-MD Year	38,838	32,928	33,398	39,825	35,484
State					
1st Post-MD Year	28,800	26,156	26,670	27,544	27,000
2nd Post-MD Year	30,150	27,345	27,936	29,078	28,026
3rd Post-MD Year	31,200	28,659	29,111	30,588	29,287
4th Post-MD Year	32,750	29,994	30,304	32,110	30,666
5th Post-MD Year	34,350	31,531	31,701	33,526	32,000
6th Post-MD Year	35,850	32,945	32,412	35,023	33,013
Municipal					
1st Post-MD Year	33,193	27,400	26,902	27,555	27,555
2nd Post-MD Year	35,991	28,250	28,051	31,618	29,931
3rd Post-MD Year	39,273	29,650	29,349	33,906	31,220
4th Post-MD Year	40,368	30,573	30,747	36,598	32,614
5th Post-MD Year	41,583	31,803	32,244	38,092	35,000
6th Post-MD Year	42,678	33,300	33,870	40,909	35,696

Table 6 (continued)

Median (50th Percentile) Housestaff Stipends by Region and Ownership 1992-93

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	$31,720	$27,000	$28,813	*	$28,700
2nd Post-MD Year	33,280	28,250	29,722	*	29,850
3rd Post-MD Year	34,965	29,500	30,933	*	31,320
4th Post-MD Year	37,502	30,983	32,166	*	32,496
5th Post-MD Year	39,894	32,300	33,541	*	33,987
6th Post-MD Year	40,171	33,200	34,820	*	35,012
Other Non-Profit					
1st Post-MD Year	29,869	26,622	27,934	29,000	28,686
2nd Post-MD Year	31,700	27,611	29,162	31,630	30,324
3rd Post-MD Year	33,182	29,123	30,204	34,191	31,907
4th Post-MD Year	35,400	30,300	31,463	35,056	33,500
5th Post-MD Year	36,750	31,900	32,500	37,436	35,022
6th Post-MD Year	38,771	32,800	33,398	39,801	36,573
Veterans Affairs					
1st Post-MD Year	32,227	26,406	27,239	29,000	27,755
2nd Post-MD Year	34,301	27,584	28,505	32,300	29,000
3rd Post-MD Year	36,038	28,901	29,469	35,200	30,347
4th Post-MD Year	38,175	30,133	30,740	38,000	31,326
5th Post-MD Year	40,262	31,240	32,146	40,500	32,802
6th Post-MD Year	42,409	32,464	33,267	41,800	34,000

** too few respondents to report data*

Table 7

75th Percentile Housestaff Stipends by Region and Ownership 1992-93

OWNERSHIP	REGION				
All Hospitals	**Northeast**	**South**	**Midwest**	**West**	**All**
1st Post-MD Year	$33,172	$27,935	$28,547	$29,148	$29,635
2nd Post-MD Year	35,329	29,000	29,736	32,300	31,710
3rd Post-MD Year	38,036	30,000	31,270	35,200	33,432
4th Post-MD Year	39,986	31,170	32,614	38,000	35,644
5th Post-MD Year	41,583	32,494	33,987	40,500	37,380
6th Post-MD Year	42,803	33,340	35,234	41,948	38,875
State					
1st Post-MD Year	29,150	27,717	27,800	29,000	28,400
2nd Post-MD Year	30,823	28,615	29,200	32,300	29,424
3rd Post-MD Year	32,284	29,758	30,600	35,200	30,600
4th Post-MD Year	33,632	31,000	32,000	38,000	32,220
5th Post-MD Year	35,221	32,000	33,200	40,500	33,505
6th Post-MD Year	36,685	33,013	34,656	41,400	35,345
Municipal					
1st Post-MD Year	34,282	27,913	28,122	28,877	28,930
2nd Post-MD Year	36,299	29,570	29,494	34,033	32,358
3rd Post-MD Year	39,273	31,348	31,034	36,878	35,060
4th Post-MD Year	40,500	32,848	31,977	39,748	37,781
5th Post-MD Year	42,000	34,406	34,263	41,778	40,429
6th Post-MD Year	43,000	38,715	35,242	43,678	42,678

Table 7 (continued)

75th Percentile Housestaff Stipends
by Region and Ownership
1992-93

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	$33,453	$28,467	$29,823	*	$30,000
2nd Post-MD Year	36,038	29,600	31,042	*	31,500
3rd Post-MD Year	38,919	30,938	32,500	*	33,000
4th Post-MD Year	40,421	32,496	33,500	*	34,502
5th Post-MD Year	41,668	33,987	34,573	*	35,951
6th Post-MD Year	43,442	36,302	35,656	*	37,399
Other Non-Profit					
1st Post-MD Year	32,000	28,000	28,500	29,561	30,200
2nd Post-MD Year	33,900	29,000	29,705	32,300	32,038
3rd Post-MD Year	35,600	30,240	31,195	35,200	33,800
4th Post-MD Year	38,061	31,400	32,749	38,000	35,809
5th Post-MD Year	40,160	32,699	33,733	40,500	37,689
6th Post-MD Year	41,900	33,200	35,275	41,940	39,806
Veterans Affairs					
1st Post-MD Year	33,666	27,859	29,004	29,148	29,556
2nd Post-MD Year	36,477	28,808	30,445	32,448	32,319
3rd Post-MD Year	39,680	29,879	31,947	35,348	35,200
4th Post-MD Year	40,799	31,000	33,540	38,148	37,000
5th Post-MD Year	42,022	32,383	35,239	40,648	39,000
6th Post-MD Year	43,044	33,540	36,982	41,948	39,358

** too few respondents to report data*

Table 8

Number of Respondents to Stipend Question by Region and Ownership 1992-93

OWNERSHIP	REGION				
All Hospitals	Northeast	South	Midwest	West	All
1st Post-MD Year	108	77	92	37	314
2nd Post-MD Year	108	77	92	37	314
3rd Post-MD Year	108	77	92	37	314
4th Post-MD Year	108	75	90	37	310
5th Post-MD Year	103	75	87	37	302
6th Post-MD Year	92	65	80	34	271
State					
1st Post-MD Year	5	14	15	8	42
2nd Post-MD Year	5	14	15	8	42
3rd Post-MD Year	5	14	15	8	42
4th Post-MD Year	5	14	15	8	42
5th Post-MD Year	5	14	14	8	41
6th Post-MD Year	5	14	13	8	40
Municipal					
1st Post-MD Year	5	8	9	7	29
2nd Post-MD Year	5	8	9	7	29
3rd Post-MD Year	5	8	9	7	29
4th Post-MD Year	5	8	9	7	29
5th Post-MD Year	5	8	9	7	29
6th Post-MD Year	5	7	8	6	26

Table 8 (continued)

Number of Respondents to Stipend Question by Region and Ownership 1992-93

OWNERSHIP	REGION				
Church	Northeast	South	Midwest	West	All
1st Post-MD Year	9	9	13	2	33
2nd Post-MD Year	9	9	13	2	33
3rd Post-MD Year	9	9	13	2	33
4th Post-MD Year	9	9	13	2	33
5th Post-MD Year	9	9	13	2	33
6th Post-MD Year	8	7	12	2	29
Other Non-Profit					
1st Post-MD Year	79	26	41	9	155
2nd Post-MD Year	79	26	41	9	155
3rd Post-MD Year	79	26	41	9	155
4th Post-MD Year	79	24	39	9	151
5th Post-MD Year	74	24	37	9	144
6th Post-MD Year	65	17	33	8	123
Veterans Affairs					
1st Post-MD Year	10	20	14	11	55
2nd Post-MD Year	10	20	14	11	55
3rd Post-MD Year	10	20	14	11	55
4th Post-MD Year	10	20	14	11	55
5th Post-MD Year	10	20	14	11	55
6th Post-MD Year	9	20	14	10	53

STIPENDS BY CITY (Table 9)

Mean first post-MD year 1991-92 stipend data for 37 cities (Metropolitan Statistical Areas) with three or more responding COTH members are displayed in **Table 9**. The table displays each city's mean stipend, the nationwide mean, and index values comparing each city's stipends with the nationwide mean. The index value of 1.19 for Long Island, for example, shows that stipends in Long Island are 19 percent higher than the nationwide mean. Long Island had the highest mean first year stipend at $34,022.

Table 9

Mean First Year Housestaff Stipends
by City
1992-93

CITY	N	Stipend	Index Value
Long Island	4	$34,022	1.19
New York	21	33,671	1.18
Boston	10	31,990	1.12
Ann Arbor	3	31,485	1.10
Dayton	3	30,481	1.07
Worcester, MA	3	29,933	1.05
San Francisco	5	29,864	1.04
Phoenix	3	29,758	1.04
Pittsburgh	9	29,724	1.04
Philadelphia	12	29,724	1.04
Los Angeles	9	29,481	1.03
Detroit	10	29,328	1.02
St. Louis	6	28,950	1.01
Providence, RI	3	28,698	1.00
Washington, DC	7	28,627	1.00
Nationwide	**314**	**28,618**	**1.00**
New Orleans	5	28,459	0.99
Hartford, CT	3	28,289	0.99
Akron-Canton-Youngston	4	28,275	0.99
Birmingham, AL	3	28,112	0.98
Cleveland	5	28,109	0.98
Atlanta	5	28,080	0.98
Miami	3	28,000	0.98
Nashville	3	27,996	0.98
Baltimore	4	27,814	0.97
Columbus, OH	3	27,639	0.97
Cincinnati	3	27,300	0.95
Seattle	4	27,288	0.95
Memphis	3	27,225	0.95
Chicago	17	27,090	0.95
Milwauakee	5	27,010	0.94
Indianapolis	4	26,807	0.94
Kansas City	3	26,265	0.92
Omaha	3	26,218	0.92
Minneapolis	3	25,943	0.91
Houston	6	25,811	0.90
Dallas	6	25,399	0.89
Tucson	3	25,121	0.88
All Other Cities	*108*	*27,819*	*0.95*

STIPEND REGRESSION RESULTS (Table 10)

Table 10 exhibits the results of ordinary least squares multivariate regression analyses, regressing first post-MD year stipends on hospital region, ownership, affiliation, and bedsize. The format chosen to display data in Tables 4-7 reflects the results of these analyses. Geographic region is the single most important determinant of variation in stipends, followed by ownership. Affiliation and bedsize explained little variation in stipends and therefore are not reported in Table 10. The base salary of $30,828 is the average estimated 1st post-MD year stipend in Northeastern hospitals of other non-profit ownership. The numbers listed next to each characteristic represent the amount which must be added to or subtracted from the base in order to calculate stipends associated with different regional locations or ownership groups. Example (1) in Table 10 shows that a Southern Veterans Affairs (VA) hospital would need to subtract $4,252 from the base for being in the South (and not in the Northeast) and add $282 to the base for being a VA hospital (and not an other non-profit hospital).

Table 10

Regression Analysis
First Year Housestaff Stipend Differentials
1992-93

Base Salary (mean): **$30,828** *(Housestaff in Northeast, Other Non-Profit)*

Differentials Associated with:

REGION		OWNERSHIP	
If Northeast	$ 0	If Other Non-Profit	$ 0
If South	- $ 4,252	If State	- $ 755
If Midwest	- $ 3,200	If Municipal	+ $ 535
If West	- $ 2,710	If Church	+ $ 865
		If Veterans Affairs	+ $ 282

Examples

1) Housestaff in Southern, Veterans Affairs Hospital:

$30,828	-	$4,252	+	$282	=	$26,858
(Base)		(South)		(VA)		

2) Housestaff in Midwestern, Municipal Hospital:

$30,828	-	$3,200	+	535	=	$28,163
(Base)		(Midwest)		(Municipal)		

NOTE: **Regression analyses have shown that hospitals medical school affiliation and bedsize are not significantly related to stipend variation. Therefore, tables with these values are not presented.**

DISTRIBUTION OF HOUSESTAFF BY SPECIALTY IN NONFEDERAL HOSPITALS (Table 11)

Table 11 is based on data collected in the COTH Survey of Hospitals' Financial and Operating Data. In order to avoid duplicating data collection efforts, the COTH housestaff survey asks only VA hospitals for resident count information (see **Table 12**). Tables 11 and 12 highlight differences in program size and distribution between nonfederal and federal teaching hospitals. Academic medical center hospitals had an average of 311 housestaff, considerably more than other nonfederal respondents, which had a mean of 135 housestaff, and VA hospitals, which had a mean of 104 housestaff. In nonfederal hospitals internal medicine and subspecialties had the greatest number of housestaff (28.6 percent), followed by surgery (10 percent), and pediatrics (8.9 percent). (1991 data for nonfederal hospitals were not available at the time of publication; thus, 1990 data are shown.)

Table 11

Distribution of Housestaff by Specialty Training Program in Responding Nonfederal COTH-member Hospitals* 1990

Training Program	Hospitals with Program	Mean Housetaff per Hospital	Total Housestaff Number	Percent
Allergy/Immunology	38	3.1	116	0.2%
Anesthesiology	147	24.5	3,596	7.7
Colon and Rectal Surgery	11	1.7	19	0.0
Dentistry/Oral Surgery	100	6.3	627	1.3
Dermatology	102	5.3	544	1.2
Emergency Medicine	65	14.2	923	2.0
Family Practice	104	17.4	1,805	3.9
Internal Medicine	196	68.3	13,384	28.6
Neurological Surgery	108	5.0	540	1.2
Neurology	123	7.7	950	2.0
Nuclear Medicine	47	2.1	97	0.2
Obstetrics/Gynecology	178	15.5	2,751	5.9
Ophthalmology	124	7.5	926	2.0
Orthopaedic Surgery	153	9.9	1,509	3.2
Otolaryngology	111	5.7	628	1.3
Patholgoy	157	11.3	1,768	3.8
Pediatrics	151	27.5	4,148	8.9
Physical Medicine, Rehabilition	72	5.6	406	0.9
Plastic Surgery	99	2.5	251	0.5
Podiatry	10	2.7	27	0.1
Preventive Medicine/Public Health	15	3.5	53	0.1
Psychiatry	150	18.1	2,712	5.8
Radiation Oncology	67	5.4	364	0.8
Radiology	156	16.5	2,572	5.5
Surgery	191	24.4	4,657	10.0
Thoracic Surgery	72	2.7	196	0.4
Urology	128	4.3	549	1.2
Other	87	7.4	641	1.4
All Respondents	199	235.0	46,759	100.0%
Academic Medical Centers	113	311.4	35,185	75.2
Other Respondents	86	134.6	11,574	24.8

** Data for this table were taken from the COTH Survey of Hospitals' Financial and Operating Data, 1990*

DISTRIBUTION OF HOUSESTAFF BY SPECIALTY IN VA HOSPITALS (Table 12)

Table 12 shows the number of housestaff, residents and fellows, by specialty in responding VA hospitals. COTH VA hospitals had an average of 104 housestaff members with internal medicine, surgery, and psychiatry being the most highly represented specialties. Thirty-eight percent of housestaff reported were in internal medicine, 8 percent in surgery, and 7 percent in psychiatry. Veterans Affairs hospitals do not have programs in pediatrics, obstetrics/gynecology, or preventive medicine/public health. For data on the distribution of housestaff in nonfederal hospitals see Table 11.

Table 12

Distribution of Housestaff by Specialty Training Program in Responding VA COTH-member Hospitals 1991-92

Training Program	Hospitals with Program	Mean Housestaff per Hospital	Total Housestaff Number	Percent
Allergy/Immunology	12	1.4	17	0.3%
Anesthesiology	39	5.2	203	4.1
Colon and Rectal Surgery	4	2.3	9	0.2
Dentistry/Oral Surgery	37	4.6	170	3.4
Dermatology	36	2.7	97	2.0
Geriatrics/Family Practice	17	4.7	80	1.6
Internal Medicine	45	41.9	1,884	37.9
Neurological Surgery	29	5.6	161	3.2
Neurology	36	5.4	193	3.9
Nuclear Medicine	27	1.9	53	1.1
Ophthalmology	43	3.2	137	2.8
Orthopaedic Surgery	41	3.2	131	2.6
Otolaryngology	38	2.9	112	2.3
Pathology	44	3.7	162	3.3
Physical Medicine, Rehabilition	29	3.9	114	2.3
Plastic Surgery	29	2.4	71	1.4
Podiatry	15	2.9	44	0.9
Psychiatry	40	8.3	332	6.7
Radiation Oncology	11	4.0	44	0.9
Radiology	39	6.8	266	5.4
Surgery	40	9.3	372	7.5
Thoracic Surgery	33	3.5	117	2.4
Urology	39	3.4	69	1.4
Other	16	4.3	35	0.7
All Respondents	46	103.5	4,968	100.0

CHAPTER II

HOUSESTAFF BENEFITS AND POLICIES

HOUSESTAFF BENEFITS

In most cases, tables in Chapter II report benefit data by hospital region and ownership. Readers should keep in mind that the number of respondents is very low for some groups of hospitals (Table 8). Occasionally, a hospital will indicate that a given benefit is offered, although an entity other than the hospital is coordinating the housestaff benefit package. Conversely, a hospital may have indicated "not offered" when housestaff receive a given benefit from another source. For example, benefit levels at VA hospitals primarily reflect the nature of the affiliation arrangements with other institutions. In cases where the VA hospital independently sponsors a training program, the hospital will set both the stipend and benefits levels often based on a survey of area hospitals. In other cases the VA hospital may have a disbursement agreement, whereby the stipends and/or the benefit levels are determined by the affiliated institution; the VA hospital then makes payments directly to the sponsoring institution for an agreed upon share of the cost. Thus, housestaff benefits at VA institutions do not reflect the standard federal employee benefits package.

HEALTH BENEFITS (Tables 13 through 18)

COTH members were surveyed regarding coverage provided to housestaff in the following areas: group medical insurance, vision benefits, prescription drug benefits, psychiatric counseling/psychological support, group dental insurance, employee assistance programs, and hospital employee health service programs. Thirty-two percent of respondents include vision benefits as part of group medical coverage; 66 percent include prescription drugs; and 79 percent include psychiatric counseling/psychological support (data not shown). Hospitals indicated that they either i) fully paid premiums for housestaff, ii) shared the premium cost with housestaff, iii) offered the benefit but did not pay the premium, or iv) did not offer the benefit. Prescription drugs offered at a discount to employees were treated as "cost-shared". Tables show the percentage of hospitals providing benefits at these coverage levels. Data are presented for individual employee and family coverage.

Group medical coverage for housestaff and dependents is fully paid by 45 percent of responding hospitals. An additional 18 percent of COTH members defray this cost in full for housestaff only. Group medical coverage is provided relatively evenly across regions, ranging from 59 percent of responding hospitals in the Northeast to 70 percent in the West. However, differences exist depending on hospital ownership type: Church-owned hospitals are the most likely (62 percent) and state hospitals are the least likely (33 percent) nonfederal hospitals to fully pay health insurance for housestaff and their dependents. Premium sharing is most common in state-owned hospitals, particularly for family coverage. Virtually all hospitals fully or partially paid health insurance to housestaff. A small number offered but did not pay for family coverage.

Sixty percent of respondents offer a choice of health insurance plans, generally between two and eight options (data not shown). Many respondents noted that the choice of health plan determines the specific health benefits provided.

Table 13

Housestaff Health Benefits by Region
All Hospitals
1992-93

		REGION				
ALL HOSPITALS		Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Offered, Fully Paid	59%	61%	65%	70%	63%
	Offered, Cost Shared	41	37	35	30	37
	Offered, Not Paid	0	1	0	0	0
	Not Offered	0	0	0	0	0
Family	Offered, Fully Paid	46	31	48	59	45
	Offered, Cost Shared	53	50	47	38	49
	Offered, Not Paid	1	19	3	3	6
	Not Offered	0	0	2	0	1
Vision Benefits						
Individual	Offered, Fully Paid	31	16	29	55	30
	Offered, Cost Shared	29	17	17	18	22
	Offered, Not Paid	6	5	6	3	5
	Not Offered	34	62	48	24	43
Family	Offered, Fully Paid	25	10	19	43	22
	Offered, Cost Shared	33	19	25	23	26
	Offered, Not Paid	6	7	5	6	6
	Not Offered	36	63	51	29	46
Prescription Drug Benefits						
Individual	Offered, Fully Paid	52	50	55	69	55
	Offered, Cost Shared	41	37	41	28	38
	Offered, Not Paid	3	9	0	3	3
	Not Offered	5	4	3	0	4
Family	Offered, Fully Paid	39	32	47	63	43
	Offered, Cost Shared	54	42	49	31	47
	Offered, Not Paid	2	18	0	6	5
	Not Offered	5	8	5	0	5
Psychiatric Counseling/Psychological Support						
Individual	Offered, Fully Paid	58	57	57	67	59
	Offered, Cost Shared	38	39	40	31	38
	Offered, Not Paid	2	1	1	3	2
	Not Offered	2	3	1	0	2
Family	Offered, Fully Paid	47	30	44	58	43
	Offered, Cost Shared	49	49	51	36	48
	Offered, Not Paid	2	17	2	6	6
	Not Offered	2	4	2	0	2

Table 13 (continued)

Housestaff Health Benefits by Region
All Hospitals
1992-93

ALL HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Offered, Fully Paid	53%	27%	52%	69%	49%
	Offered, Cost Shared	34	26	27	26	29
	Offered, Not Paid	5	23	10	3	10
	Not Offered	8	24	11	3	12
Family	Offered, Fully Paid	42	7	41	52	34
	Offered, Cost Shared	43	30	34	33	36
	Offered, Not Paid	6	35	14	12	16
	Not Offered	9	28	11	3	14
Employee Assistance Program						
Individual	Offered, Fully Paid	77	66	73	69	73
	Offered, Cost Shared	5	6	7	3	6
	Offered, Not Paid	2	2	0	0	1
	Not Offered	16	26	20	29	21
Family	Offered, Fully Paid	59	41	56	62	54
	Offered, Cost Shared	8	10	8	4	8
	Offered, Not Paid	1	7	3	0	3
	Not Offered	31	42	34	35	35
Hospital Employee Health Service Program						
Individual	Offered, Fully Paid	84	77	80	77	81
	Offered, Cost Shared	6	4	9	3	6
	Offered, Not Paid	1	1	1	6	2
	Not Offered	9	17	9	14	12
Family	Offered, Fully Paid	15	18	17	40	19
	Offered, Cost Shared	10	5	3	12	7
	Offered, Not Paid	4	5	3	8	5
	Not Offered	71	71	76	40	69

Table 14

Housestaff Health Benefits by Region
State Hospitals
1992-93

STATE HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Offered, Fully Paid	40%	43%	47%	75%	50%
	Offered, Cost Shared	60	57	53	25	50
	Offered, Not Paid	0	0	0	0	0
	Not Offered	0	0	0	0	0
Family	Offered, Fully Paid	20	14	33	75	33
	Offered, Cost Shared	80	64	60	25	57
	Offered, Not Paid	0	21	7	0	10
	Not Offered	0	0	0	0	0
Vision Benefits						
Individual	Offered, Fully Paid	40	7	20	50	23
	Offered, Cost Shared	60	29	33	0	30
	Offered, Not Paid	0	7	0	0	3
	Not Offered	0	57	47	50	45
Family	Offered, Fully Paid	20	0	20	50	18
	Offered, Cost Shared	80	38	33	0	36
	Offered, Not Paid	0	8	0	0	3
	Not Offered	0	54	47	50	44
Prescription Drug Benefits						
Individual	Offered, Fully Paid	20	50	53	86	54
	Offered, Cost Shared	60	43	47	14	41
	Offered, Not Paid	0	7	0	0	2
	Not Offered	20	0	0	0	2
Family	Offered, Fully Paid	0	25	50	86	42
	Offered, Cost Shared	80	50	50	14	47
	Offered, Not Paid	0	25	0	0	8
	Not Offered	20	0	0	0	3
Psychiatric Counseling/Psychological Support						
Individual	Offered, Fully Paid	40	43	43	71	48
	Offered, Cost Shared	60	57	57	29	53
	Offered, Not Paid	0	0	0	0	0
	Not Offered	0	0	0	0	0
Family	Offered, Fully Paid	20	15	43	71	36
	Offered, Cost Shared	80	69	57	29	59
	Offered, Not Paid	0	15	0	0	5
	Not Offered	0	0	0	0	0

Table 14 (continued)

Housestaff Health Benefits by Region
State Hospitals
1992-93

STATE HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Offered, Fully Paid	60%	21%	40%	71%	41%
	Offered, Cost Shared	40	36	33	29	34
	Offered, Not Paid	0	36	7	0	15
	Not Offered	0	7	20	0	10
Family	Offered, Fully Paid	40	0	27	57	24
	Offered, Cost Shared	60	36	40	29	39
	Offered, Not Paid	0	57	13	14	27
	Not Offered	0	7	20	0	10
Employee Assistance Program						
Individual	Offered, Fully Paid	60	50	86	83	70
	Offered, Cost Shared	20	0	0	0	3
	Offered, Not Paid	0	8	0	0	3
	Not Offered	20	42	14	17	24
Family	Offered, Fully Paid	20	25	60	80	46
	Offered, Cost Shared	20	8	0	0	5
	Offered, Not Paid	20	8	13	0	11
	Not Offered	40	58	27	20	38
Hospital Employee Health Service Program						
Individual	Offered, Fully Paid	60	77	79	86	77
	Offered, Cost Shared	0	8	7	0	5
	Offered, Not Paid	20	0	0	14	5
	Not Offered	20	15	14	0	13
Family	Offered, Fully Paid	0	27	23	50	26
	Offered, Cost Shared	0	0	0	25	3
	Offered, Not Paid	33	0	0	25	6
	Not Offered	67	73	77	0	65

Table 15

Housestaff Health Benefits by Region
Municipal Hospitals
1992-93

MUNICIPAL HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Offered, Fully Paid	60%	75%	88%	57%	71%
	Offered, Cost Shared	40	25	13	43	29
	Offered, Not Paid	0	0	0	0	0
	Not Offered	0	0	0	0	0
Family	Offered, Fully Paid	40	63	43	29	44
	Offered, Cost Shared	60	38	43	57	48
	Offered, Not Paid	0	0	0	14	4
	Not Offered	0	0	14	0	4
Vision Benefits						
Individual	Offered, Fully Paid	75	29	63	67	56
	Offered, Cost Shared	0	0	0	33	8
	Offered, Not Paid	25	0	0	0	4
	Not Offered	0	71	38	0	32
Family	Offered, Fully Paid	50	25	29	29	31
	Offered, Cost Shared	25	0	29	43	23
	Offered, Not Paid	25	0	0	14	8
	Not Offered	0	75	43	14	38
Prescription Drug Benefits						
Individual	Offered, Fully Paid	75	75	63	57	67
	Offered, Cost Shared	0	25	25	43	26
	Offered, Not Paid	25	0	0	0	4
	Not Offered	0	0	13	0	4
Family	Offered, Fully Paid	50	63	43	43	50
	Offered, Cost Shared	25	38	43	43	38
	Offered, Not Paid	25	0	0	14	8
	Not Offered	0	0	14	0	4
Psychiatric Counseling/Psychological Support						
Individual	Offered, Fully Paid	60	75	75	57	68
	Offered, Cost Shared	20	25	25	43	29
	Offered, Not Paid	20	0	0	0	4
	Not Offered	0	0	0	0	0
Family	Offered, Fully Paid	50	63	50	33	50
	Offered, Cost Shared	25	38	50	50	42
	Offered, Not Paid	25	0	0	17	8
	Not Offered	0	0	0	0	0

Table 15 (continued)

Housestaff Health Benefits by Region
Municipal Hospitals
1992-93

MUNICIPAL HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Offered, Fully Paid	75%	43%	50%	86%	62%
	Offered, Cost Shared	0	14	0	14	8
	Offered, Not Paid	25	14	13	0	12
	Not Offered	0	29	38	0	19
Family	Offered, Fully Paid	50	43	43	57	48
	Offered, Cost Shared	25	0	0	29	12
	Offered, Not Paid	25	14	14	14	16
	Not Offered	0	43	43	0	24
Employee Assistance Program						
Individual	Offered, Fully Paid	40	75	50	57	57
	Offered, Cost Shared	20	0	25	0	11
	Offered, Not Paid	20	0	0	0	4
	Not Offered	20	25	25	43	29
Family	Offered, Fully Paid	20	50	29	40	35
	Offered, Cost Shared	20	0	29	0	13
	Offered, Not Paid	60	50	43	60	52
	Not Offered	0	0	0	0	0
Hospital Employee Health Service Program						
Individual	Offered, Fully Paid	100	75	88	71	82
	Offered, Cost Shared	0	0	0	0	0
	Offered, Not Paid	0	0	0	14	4
	Not Offered	0	25	13	14	14
Family	Offered, Fully Paid	0	0	17	40	14
	Offered, Cost Shared	0	20	0	20	10
	Offered, Not Paid	0	0	0	20	5
	Not Offered	100	80	83	20	71

Table 16

Housestaff Health Benefits by Region
Church-Owned Hospitals
1992-93

CHURCH-OWNED HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Offered, Fully Paid	80%	75%	77%	*	79%
	Offered, Cost Shared	20	25	23		21
	Offered, Not Paid	0	0	0		0
	Not Offered	0	0	0		0
Family	Offered, Fully Paid	80	33	69	*	62
	Offered, Cost Shared	20	67	31		38
	Offered, Not Paid	0	0	0		0
	Not Offered	0	0	0		0
Vision Benefits						
Individual	Offered, Fully Paid	50	0	33	*	31
	Offered, Cost Shared	10	13	25		16
	Offered, Not Paid	0	0	8		6
	Not Offered	40	88	33		47
Family	Offered, Fully Paid	50	0	33	*	31
	Offered, Cost Shared	10	13	25		16
	Offered, Not Paid	0	0	8		6
	Not Offered	40	88	33		47
Prescription Drug Benefits						
Individual	Offered, Fully Paid	80	67	62	*	68
	Offered, Cost Shared	20	33	31		26
	Offered, Not Paid	0	0	0		3
	Not Offered	0	0	8		3
Family	Offered, Fully Paid	78	33	54	*	55
	Offered, Cost Shared	22	67	38		39
	Offered, Not Paid	0	0	0		3
	Not Offered	0	0	8		3
Psychiatric Counseling/Psychological Support						
Individual	Offered, Fully Paid	70	78	54	*	65
	Offered, Cost Shared	20	22	38		26
	Offered, Not Paid	0	0	0		3
	Not Offered	10	0	8		6
Family	Offered, Fully Paid	67	33	50	*	50
	Offered, Cost Shared	22	56	50		41
	Offered, Not Paid	0	11	0		6
	Not Offered	11	0	0		3

* *too few respondents to report data*

Table 16 (continued)

Housestaff Health Benefits by Region
Church-Owned Hospitals
1992-93

CHURCH-OWNED HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Offered, Fully Paid	70%	33%	62%	*	56%
	Offered, Cost Shared	20	22	38		26
	Offered, Not Paid	0	22	0		9
	Not Offered	10	22	0		9
Family	Offered, Fully Paid	70	22	62	*	53
	Offered, Cost Shared	20	22	38		26
	Offered, Not Paid	0	33	0		12
	Not Offered	10	22	0		9
Employee Assistance Program						
Individual	Offered, Fully Paid	88	89	77	*	84
	Offered, Cost Shared	0	0	15		6
	Offered, Not Paid	0	0	0		0
	Not Offered	13	11	8		9
Family	Offered, Fully Paid	57	63	64	*	63
	Offered, Cost Shared	0	0	18		7
	Offered, Not Paid	0	0	0		0
	Not Offered	43	38	18		30
Hospital Employee Health Service Program						
Individual	Offered, Fully Paid	90	88	92	*	90
	Offered, Cost Shared	0	13	8		6
	Offered, Not Paid	0	0	0		0
	Not Offered	10	0	0		3
Family	Offered, Fully Paid	0	29	14	*	21
	Offered, Cost Shared	0	14	29		16
	Offered, Not Paid	0	0	14		5
	Not Offered	100	57	43		58

* *too few respondents to report data*

Table 17

Housestaff Health Benefits by Region
Other Non-Profit Hospitals
1992-93

OTHER NON-PROFIT HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Offered, Fully Paid	61%	71%	66%	80%	65%
	Offered, Cost Shared	39	25	34	20	34
	Offered, Not Paid	0	4	0	0	1
	Not Offered	0	0	0	0	0
Family	Offered, Fully Paid	47	29	51	70	47
	Offered, Cost Shared	52	42	44	30	47
	Offered, Not Paid	1	29	2	0	6
	Not Offered	0	0	2	0	1
Vision Benefits						
Individual	Offered, Fully Paid	25	24	28	67	28
	Offered, Cost Shared	29	14	14	11	22
	Offered, Not Paid	7	10	8	0	7
	Not Offered	39	52	50	22	43
Family	Offered, Fully Paid	20	13	15	50	20
	Offered, Cost Shared	32	13	23	20	26
	Offered, Not Paid	7	17	5	0	7
	Not Offered	41	58	56	30	47
Prescription Drug Benefits						
Individual	Offered, Fully Paid	51	48	56	70	53
	Offered, Cost Shared	41	38	41	30	40
	Offered, Not Paid	3	14	0	0	3
	Not Offered	5	0	3	0	3
Family	Offered, Fully Paid	38	32	48	60	41
	Offered, Cost Shared	56	27	48	40	48
	Offered, Not Paid	1	32	0	0	5
	Not Offered	5	9	5	0	5
Psychiatric Counseling/Psychological Support						
Individual	Offered, Fully Paid	60	67	64	80	64
	Offered, Cost Shared	38	29	36	20	35
	Offered, Not Paid	0	4	0	0	1
	Not Offered	1	0	0	0	1
Family	Offered, Fully Paid	47	30	45	70	46
	Offered, Cost Shared	50	39	50	30	47
	Offered, Not Paid	1	26	3	0	5
	Not Offered	1	4	3	0	2

Table 17 (continued)

Housestaff Health Benefits by Region
Other Non-Profit Hospitals
1992-93

OTHER NON-PROFIT HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Offered, Fully Paid	51%	39%	61%	70%	53%
	Offered, Cost Shared	35	17	22	30	29
	Offered, Not Paid	5	22	12	0	9
	Not Offered	9	22	5	0	9
Family	Offered, Fully Paid	40	0	43	60	36
	Offered, Cost Shared	45	33	35	40	40
	Offered, Not Paid	6	42	18	0	14
	Not Offered	9	25	5	0	10
Employee Assistance Program						
Individual	Offered, Fully Paid	83	77	77	60	79
	Offered, Cost Shared	4	5	0	10	3
	Offered, Not Paid	0	0	0	0	0
	Not Offered	13	18	23	30	17
Family	Offered, Fully Paid	68	47	62	75	64
	Offered, Cost Shared	6	16	0	0	6
	Offered, Not Paid	0	11	0	0	2
	Not Offered	25	26	38	25	29
Hospital Employee Health Service Program						
Individual	Offered, Fully Paid	88	83	80	80	85
	Offered, Cost Shared	6	0	13	10	7
	Offered, Not Paid	0	4	0	0	1
	Not Offered	6	13	8	10	8
Family	Offered, Fully Paid	18	28	23	50	23
	Offered, Cost Shared	13	0	0	0	7
	Offered, Not Paid	4	11	0	0	4
	Not Offered	65	61	77	50	66

Table 18

Housestaff Health Benefits by Region
Veterans Affairs Hospitals
1992-93

VA HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Medical Insurance						
Individual	Offered, Fully Paid	22%	50%	57%	60%	49%
	Offered, Cost Shared	78	50	43	40	51
	Offered, Not Paid	0	0	0	0	0
	Not Offered	0	0	0	0	0
Family	Offered, Fully Paid	22	29	36	60	36
	Offered, Cost Shared	78	47	57	40	54
	Offered, Not Paid	0	24	7	0	10
	Not Offered	0	0	0	0	0
Vision Benefits						
Individual	Offered, Fully Paid	33	15	18	40	25
	Offered, Cost Shared	50	23	9	30	25
	Offered, Not Paid	0	0	9	0	3
	Not Offered	17	62	64	30	48
Family	Offered, Fully Paid	33	14	9	40	22
	Offered, Cost Shared	50	29	18	30	29
	Offered, Not Paid	0	0	9	0	2
	Not Offered	17	57	64	30	46
Prescription Drug Benefits						
Individual	Offered, Fully Paid	29	31	42	70	42
	Offered, Cost Shared	71	38	58	30	47
	Offered, Not Paid	0	13	0	0	4
	Not Offered	0	19	0	0	7
Family	Offered, Fully Paid	29	20	33	67	35
	Offered, Cost Shared	71	47	67	33	53
	Offered, Not Paid	0	13	0	0	5
	Not Offered	0	20	0	0	7
Psychiatric Counseling/Psychological Support						
Individual	Offered, Fully Paid	29	35	40	60	41
	Offered, Cost Shared	57	53	50	40	50
	Offered, Not Paid	14	0	10	0	5
	Not Offered	0	12	0	0	5
Family	Offered, Fully Paid	33	24	30	50	32
	Offered, Cost Shared	67	47	50	50	51
	Offered, Not Paid	0	18	10	0	10
	Not Offered	0	12	10	0	7

Table 18 (continued)

Housestaff Health Benefits by Region
Veterans Affairs Hospitals
1992-93

VA HOSPITALS		REGION Northeast	South	Midwest	West	All
Group Dental Insurance						
Individual	Offered, Fully Paid	29%	6%	31%	56%	26%
	Offered, Cost Shared	57	35	38	33	39
	Offered, Not Paid	0	18	15	0	11
	Not Offered	14	41	15	11	24
Family	Offered, Fully Paid	29	0	31	29	18
	Offered, Cost Shared	57	35	38	43	41
	Offered, Not Paid	0	18	15	14	14
	Not Offered	14	47	15	14	27
Employee Assistance Program						
Individual	Offered, Fully Paid	43	43	58	70	53
	Offered, Cost Shared	0	21	17	0	12
	Offered, Not Paid	14	0	0	0	2
	Not Offered	43	36	25	30	33
Family	Offered, Fully Paid	33	29	42	43	36
	Offered, Cost Shared	17	14	17	14	15
	Offered, Not Paid	0	7	0	0	3
	Not Offered	50	50	42	43	46
Hospital Employee Health Service Program						
Individual	Offered, Fully Paid	50	63	64	70	62
	Offered, Cost Shared	13	6	9	0	7
	Offered, Not Paid	0	0	9	0	2
	Not Offered	38	31	18	30	29
Family	Offered, Fully Paid	17	0	0	14	5
	Offered, Cost Shared	0	7	0	14	5
	Offered, Not Paid	0	7	9	0	5
	Not Offered	83	87	91	71	85

OTHER BENEFITS (Tables 19 through 24)

Other benefits surveyed besides health benefits include life insurance, disability insurance, housing, parking, and meals when working and when on call. For each benefit type the tables show the percent of responding hospitals that either fully paid, partially paid, offered but did not pay, or did not offer a given benefit. If housing, parking, or meals are offered at reduced rates, this was treated as a "partially paid" benefit. Arranged by region and ownership, the tables show, for example, that hospitals in the West are the least likely to defray the cost of life insurance and disability insurance. Generally, paid housing is not included in the housestaff benefit package.

COTH members were asked if housestaff may purchase additional life insurance. Seventy-two percent of respondents indicated that this option is available (data not shown). Members also provided information on retirement plans offered to housestaff. Sixteen percent of respondents have defined benefit plans for housestaff and 14 percent have defined contribution plans. Retirement plan contributions range from zero to fourteen percent for the employer and zero to twenty-one percent for the employee. Vesting ranges from one to ten years.

VACATION LEAVE (Tables 25 and 26)

Tables 25 and **26** report data on the amount of annual vacation leave that first and second year housestaff receive. Responses were grouped as: two weeks or less, between two and four weeks, and four weeks or more. Among all respondents, 44 percent of first year housestaff and 59 percent of second year housestaff receive between two and four weeks vacation. The mean values are 2.9 weeks for first year housestaff and 3.3 weeks for second year housestaff (data not shown). A small number of respondents indicated that the amount of vacation time is determined by the department or program.

SEMINAR TIME (Table 27)

Hospitals also indicated the number of days that first and second year housestaff may spend at off-site educational seminars. In 91 percent of the cases, time off to attend seminars is granted in addition to regular vacation leave (data not shown). The results for seminar time are categorized in **Table 27** as: less than five days, five days, and more than five days. For 19 percent of respondents, the amount of seminar leave is determined by the departments or programs. Hospitals were asked if they contribute a per-diem stipend or cover the registration costs for seminars. Most hospitals providing such funds reported a fixed annual budget. (Twelve percent reported that funds are determined by the department or program). The most prevalent responses was $500 with a mean contribution of $588. Senior housestaff are more likely to attend seminars, therefore hospital contributions may increase with post-MD year.

Table 19

Other Housestaff Benefits by Region
All Hospitals
1992-93

ALL HOSPITALS	Northeast	South	REGION Midwest	West	All
Life Insurance					
Offered, Fully Paid	81%	81%	84%	66%	80%
Offered, Cost Shared	9	11	8	9	9
Offered, Not Paid	6	4	3	6	5
Not Offered	5	3	4	20	6
Disability Insurance					
Offered, Fully Paid	77	65	76	50	70
Offered, Cost Shared	6	8	6	11	7
Offered, Not Paid	4	8	3	14	6
Not Offered	13	20	15	25	17
Housing					
Offered, Fully Paid	4	1	2	6	3
Offered, Cost Shared	19	7	13	6	13
Offered, Not Paid	20	14	17	20	18
Not Offered	58	77	67	69	66
Parking					
Offered, Fully Paid	52	75	66	60	62
Offered, Cost Shared	24	13	12	9	16
Offered, Not Paid	21	6	18	17	16
Not Offered	4	7	3	14	6
Meals, When Working					
Offered, Fully Paid	24	26	23	32	25
Offered, Cost Shared	28	25	25	13	25
Offered, Not Paid	18	6	15	16	14
Not Offered	30	43	37	39	36
Meals, When on Call					
Offered, Fully Paid	69	80	79	89	77
Offered, Cost Shared	20	12	17	6	16
Offered, Not Paid	3	0	0	3	1
Not Offered	8	9	3	3	6

Table 20

Other Housestaff Benefits by Region
State Hospitals
1992-93

	REGION				
STATE HOSPITALS	Northeast	South	Midwest	West	All
Life Insurance					
Offered, Fully Paid	25%	64%	67%	71%	63%
Offered, Cost Shared	25	21	13	14	18
Offered, Not Paid	25	7	7	0	8
Not Offered	25	7	13	14	13
Disability Insurance					
Offered, Fully Paid	80	62	75	63	68
Offered, Cost Shared	0	0	8	13	5
Offered, Not Paid	20	15	0	13	11
Not Offered	0	23	17	13	16
Housing					
Offered, Fully Paid	0	0	0	0	0
Offered, Cost Shared	0	0	7	0	3
Offered, Not Paid	60	23	21	29	28
Not Offered	40	77	71	71	69
Parking					
Offered, Fully Paid	20	57	33	14	37
Offered, Cost Shared	0	14	7	14	10
Offered, Not Paid	80	14	53	43	41
Not Offered	0	14	7	29	12
Meals, When Working					
Offered, Fully Paid	0	7	0	0	3
Offered, Cost Shared	0	21	29	20	21
Offered, Not Paid	80	0	29	40	26
Not Offered	20	71	43	40	50
Meals, When on Call					
Offered, Fully Paid	60	71	77	100	77
Offered, Cost Shared	20	14	23	0	15
Offered, Not Paid	0	0	0	0	0
Not Offered	20	14	0	0	8

Table 21

Other Housestaff Benefits by Region
Municipal Hospitals
1992-93

MUNICIPAL HOSPITALS	REGION Northeast	South	Midwest	West	All
Life Insurance					
Offered, Fully Paid	50%	86%	88%	71%	77%
Offered, Cost Shared	0	0	0	0	0
Offered, Not Paid	50	0	0	14	12
Not Offered	0	14	13	14	12
Disability Insurance					
Offered, Fully Paid	*	71	83	29	65
Offered, Cost Shared		0	0	0	0
Offered, Not Paid		14	17	29	17
Not Offered		14	0	43	17
Housing					
Offered, Fully Paid	0	0	13	14	7
Offered, Cost Shared	20	25	0	14	14
Offered, Not Paid	20	0	13	14	11
Not Offered	60	75	75	57	68
Parking					
Offered, Fully Paid	40	63	63	86	64
Offered, Cost Shared	0	25	13	0	11
Offered, Not Paid	60	13	13	0	18
Not Offered	0	0	13	14	7
Meals, When Working					
Offered, Fully Paid	80	57	50	86	67
Offered, Cost Shared	20	29	13	0	15
Offered, Not Paid	0	0	13	0	4
Not Offered	0	14	25	14	15
Meals, When on Call					
Offered, Fully Paid	100	100	75	100	93
Offered, Cost Shared	0	0	13	0	4
Offered, Not Paid	0	0	0	0	0
Not Offered	0	0	13	0	4

* *too few respondents to report data*

Table 22

Other Housestaff Benefits by Region
Church-Owned Hospitals
1992-93

CHURCH-OWNED HOSPITALS	REGION Northeast	South	Midwest	West	All
Life Insurance					
Offered, Fully Paid	80%	100%	92%	*	88%
Offered, Cost Shared	0	0	0		0
Offered, Not Paid	10	0	8		6
Not Offered	10	0	0		6
Disability Insurance					
Offered, Fully Paid	100	75	82	*	83
Offered, Cost Shared	0	13	9		7
Offered, Not Paid	0	0	0		0
Not Offered	0	13	9		10
Housing					
Offered, Fully Paid	0	0	0	*	0
Offered, Cost Shared	11	13	31		19
Offered, Not Paid	22	25	23		23
Not Offered	67	63	46		58
Parking					
Offered, Fully Paid	67	89	100	*	88
Offered, Cost Shared	11	11	0		6
Offered, Not Paid	22	0	0		6
Not Offered	0	0	0		0
Meals, When Working					
Offered, Fully Paid	33	38	36	*	36
Offered, Cost Shared	22	25	55		36
Offered, Not Paid	11	25	0		11
Not Offered	33	13	9		18
Meals, When on Call					
Offered, Fully Paid	78	38	85	*	72
Offered, Cost Shared	11	38	15		19
Offered, Not Paid	0	0	0		0
Not Offered	11	25	0		9

** too few respondents to report data*

Table 23

Other Housestaff Benefits by Region
Other Non-Profit Hospitals
1992-93

	REGION				
OTHER NON-PROFIT HOSPITALS	Northeast	South	Midwest	West	All
Life Insurance					
Offered, Fully Paid	91%	96%	98%	80%	93%
Offered, Cost Shared	5	4	3	0	4
Offered, Not Paid	1	0	0	0	1
Not Offered	2	0	0	20	3
Disability Insurance					
Offered, Fully Paid	80	65	79	67	76
Offered, Cost Shared	8	13	8	22	10
Offered, Not Paid	3	4	3	0	3
Not Offered	9	17	11	11	11
Housing					
Offered, Fully Paid	4	4	3	10	4
Offered, Cost Shared	23	8	13	10	17
Offered, Not Paid	19	21	10	30	18
Not Offered	54	67	74	50	61
Parking					
Offered, Fully Paid	51	79	70	78	62
Offered, Cost Shared	31	13	18	11	24
Offered, Not Paid	14	0	10	11	11
Not Offered	4	8	3	0	4
Meals, When Working					
Offered, Fully Paid	19	32	29	33	24
Offered, Cost Shared	35	41	26	11	32
Offered, Not Paid	15	9	9	22	13
Not Offered	31	18	37	33	31
Meals, When on Call					
Offered, Fully Paid	65	84	80	80	73
Offered, Cost Shared	24	12	17	10	19
Offered, Not Paid	4	0	0	10	3
Not Offered	8	4	2	0	5

Table 24

Other Housestaff Benefits by Region
Veterans Affairs Hospitals
1992-93

	REGION				
VA HOSPITALS	Northeast	South	Midwest	West	All
Life Insurance					
Offered, Fully Paid	22%	67%	54%	44%	51%
Offered, Cost Shared	56	22	31	22	31
Offered, Not Paid	11	11	8	11	10
Not Offered	11	0	8	22	8
Disability Insurance					
Offered, Fully Paid	22	57	58	40	47
Offered, Cost Shared	0	7	0	10	4
Offered, Not Paid	11	7	0	20	9
Not Offered	67	29	42	30	40
Housing					
Offered, Fully Paid	11	0	0	0	2
Offered, Cost Shared	0	0	8	0	2
Offered, Not Paid	0	0	33	10	10
Not Offered	89	100	58	90	85
Parking					
Offered, Fully Paid	70	81	62	50	67
Offered, Cost Shared	0	6	15	10	8
Offered, Not Paid	20	6	23	20	16
Not Offered	10	6	0	20	8
Meals, When Working					
Offered, Fully Paid	33	14	0	10	14
Offered, Cost Shared	0	0	0	20	5
Offered, Not Paid	22	0	36	10	16
Not Offered	44	86	64	60	66
Meals, When on Call					
Offered, Fully Paid	80	93	75	80	83
Offered, Cost Shared	10	0	17	10	9
Offered, Not Paid	0	0	0	0	0
Not Offered	10	7	8	10	9

Table 25

Annual Vacation Leave for First-Year Housestaff by Region and Ownership 1992-93

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals					
Two Weeks or Less	25%	53%	28%	25%	33%
Between Two and Four Weeks	35	41	56	47	44
Four Weeks or More	40	7	16	28	23
State					
Two Weeks or Less	0	21	27	43	24
Between Two and Four Weeks	100	64	53	29	59
Four Weeks or More	0	14	20	29	17
Municipal					
Two Weeks or Less	0	63	38	17	33
Between Two and Four Weeks	20	38	50	50	41
Four Weeks or More	80	0	13	33	26
Church					
Two Weeks or Less	13	89	23	*	41
Between Two and Four Weeks	25	11	62		38
Four Weeks or More	63	0	15		22
Other Non-Profit					
Two Weeks or Less	29	57	18	20	30
Between Two and Four Weeks	35	39	63	70	45
Four Weeks or More	36	4	18	10	25
Veterans Affairs					
Two Weeks or Less	30	50	53	18	41
Between Two and Four Weeks	20	40	40	36	36
Four Weeks or More	50	10	7	45	23

** too few respondents to report data*

Table 26

Annual Vacation Leave for Second-Year Housestaff by Region and Ownership 1992-93

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals					
Two Weeks or Less	9%	15%	30%	11%	9%
Between Two and Four Weeks	45	68	71	53	59
Four Weeks or More	47	17	26	36	32
State					
Two Weeks or Less	0	7	7	14	7
Between Two and Four Weeks	100	71	53	57	66
Four Weeks or More	0	21	40	29	27
Municipal					
Two Weeks or Less	0	25	0	0	7
Between Two and Four Weeks	20	63	88	67	63
Four Weeks or More	80	13	13	33	30
Church					
Two Weeks or Less	0	22	0	*	6
Between Two and Four Weeks	38	78	69		66
Four Weeks or More	63	0	31		28
Other Non-Profit					
Two Weeks or Less	10	13	0	20	9
Between Two and Four Weeks	44	71	74	60	57
Four Weeks or More	45	17	26	20	34
Veterans Affairs					
Two Weeks or Less	10	15	13	9	13
Between Two and Four Weeks	40	60	73	27	54
Four Weeks or More	50	25	13	64	34

** too few respondents to report data*

Table 27

Time Allotted Housestaff to Attend Seminars by Region and Ownership 1992-93

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals					
Less than Five Days	26%	22%	15%	38%	22%
Five Days	47	46	45	25	44
More than Five Days	28	32	40	38	34
State					
Less than Five Days	67	25	44	25	40
Five Days	0	50	44	25	35
More than Five Days	33	25	11	50	25
Municipal					
Less than Five Days	33	20	0	25	18
Five Days	67	40	80	50	59
More than Five Days	0	40	20	25	24
Church					
Less than Five Days	25	17	0	*	9
Five Days	50	17	73		50
More than Five Days	25	67	27		41
Other Non-Profit					
Less than Five Days	20	33	14	60	23
Five Days	50	53	36	20	45
More than Five Days	30	13	50	20	33
Veterans Affairs					
Less than Five Days	50	9	11	*	19
Five Days	25	55	22		35
More than Five Days	25	36	67		46

** too few respondents to report data*

ADDITIONAL DATA ON LONG-TERM DISABILITY INSURANCE (Table 28)

Survey respondents were asked to provide additional data on long-term disability insurance for housestaff. Specifically, they were asked if the disability insurance is portable, i.e., if housestaff can continue disability coverage by paying the monthly premium themselves, even after they have left the hospital's employ. As shown in **Table 28**, 55 percent of respondents have portable disability insurance.

See also Appendix C: Evans, A. "Most COTH Hospitals Offer Disability Insurance", COTHReport, Jan/Feb 1992.

Table 28

Additional Data on Long-term Disability Insurance for Housestaff 1992-93

Question	Response	N	%
Are other hospital employees covered under the same disability insurance plan as housestaff?	Yes	123	49%
	No	128	51
	Total	251	100
Is the disability insurance portable when house officers leave?	Yes	135	55%
	No	111	45
	Total	240	100
If the policy is portable, can additional coverage be obtained when house officers leave the hospital and earn a higher income?	Yes	112	83%
	No	23	17
	Total	135	100

RECRUITMENT INCENTIVES (Table 29)

Table 29 contains responses to a series of questions on recruitment incentives for housestaff. Overall, 54 percent of responding hospitals offered some type of recruitment incentive (data not shown), most commonly in family practice, internal medicine, and pediatrics. Expense accounts for books or CME courses, hospital sponsored or arranged moonlighting, and subsidized expenses for interviews were the most frequently cited incentives.

Table 29

Recruitment Incentives for Housestaff 1992-93

Question: To encourage medical students to select residency training in specific specialties at your hospital, do you provide any of the following:

INCENTIVE	PROGRAM									
	Family Practice (N)		Internal Medicine (N)		Pediatrics (N)		OB/Gyn (N)		Surgery (N)	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Financial assistance with student loan repayment	6	177	9	272	4	198	2	210	2	237
Loan forgiveness related to medical school tuition	1	181	4	275	1	201	2	209	1	238
Financial bonus or other added compensation	12	169	17	262	14	186	8	202	6	232
Subsidized expenses for interviews	36	143	53	224	43	157	27	183	22	215
Subsidized relocation and moving expenses	20	161	28	252	13	189	11	200	10	229
Expense accounts for books or CME courses	82	101	109	171	80	122	86	128	82	159
Hospital sponsored or arranged moonlighting	59	124	96	185	64	139	52	159	57	182
Hospital subsidized malpractice insurance for moonlighting	41	141	68	212	40	158	37	173	39	199
Any one of the above incentives	107	76	157	124	110	93	105	109	109	132
	%		%		%		%		%	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Financial assistance with student loan repayment	3	97	3	97	2	98	1	99	1	99
Loan forgiveness related to medical school tuition	1	99	1	99	1	99	1	99	1	99
Financial bonus or other added compensation	7	93	6	94	7	93	4	96	3	97
Subsidized expenses for interviews	20	80	19	81	22	78	13	87	9	91
Subsidized relocation and moving expenses	11	89	10	90	6	94	5	95	4	96
Expense account for books or CME courses	45	55	39	61	40	60	40	60	34	66
Hospital sponsored or arranged moonlighting	32	68	34	66	32	68	25	75	24	76
Hospital subsidized malpractice insurance for moonlighting	23	77	24	76	20	80	18	82	16	84
Any one of the above incentives	58	42	56	44	54	46	49	51	45	55

IMMUNIZATION POLICIES (Table 30)

Survey participants were asked to provide information on immunization policies. Eighty-four percent of responding hospitals require housestaff to keep their immunizations current. Of these, eighty-nine percent require documentation or proof of immunity, and 98 percent offer immunizations free of charge. Five immunizations were surveyed specifically: measles, mumps, rubella, hepatitis B, and tetanus. **Table 30** shows the number of hospitals that include each of these immunizations in their policy.

See Appendix C: Evans, A. "Immunizations for Housestaff in COTH Hospitals", COTHReport, Mar/Apr 1992.

FINANCIAL PLANNING SERVICES (Table 30)

Respondents also provided information on financial planning/debt management services for housestaff. Nearly half of COTH hospitals make such services available, either through the hospital itself, the medical school, the program directors or outside consultants. Twenty-six respondents indicated more than one source. Overall, program director was the least common source of information, indicating that debt management assistance is generally a centralized function.

Table 30

Immunization Policies and Financial Planning Services for Housestaff 1992-93

Question	Response	N	%
Does your hospital require housestaff to keep immunizations current?	Yes	260	84%
	No	48	16
	Total	308	100
If YES, which of the following immunizations are included in this policy? *(Fewer than 260 hospitals provided specific immunization information.)*	Measles	235	
	Mumps	179	
	Rubella	237	
	Hepatitis B	211	
	Tetanus	176	
Are housestaff "skin-tested" for tuberculosis?	Yes	243	95%
	No	13	5
	Total	256	100
Does your hospital require documentation or proof of immunity to enforce this policy?	Yes	225	89%
	No	27	11
	Total	252	100
Are immunization provided free of charge to housestaff?	Yes	249	98%
	No	6	2
	Total	255	100
Are financial planning/debt management services made available to housestaff?	Yes	120	42%
	No	168	58
	Total	288	100

If yes, who provides these services? *(Fewer than 120 hospitals provided specific information.)*

	N
Hospital Personnel	26
Medical School Finanical Aid Officer	26
Program Director	4
Outside Consultant	46

INFECTION CONTROL POLICIES (Table 31)

Nearly all COTH hospitals provide formal instructional programs on infection control and have written procedures to follow in the event of exposure to blood-borne pathogens such as HIV and Hepatitis B. In most cases these procedures include counseling (97 percent) and prophylactic AZT (86 percent).

For a discussion on recent regulations issued by the Occupational Health and Safety Administration (OSHA) and guidelines set forth by the Centers for Disease Control (CDC), see Evans, A. "Immunizations for Housestaff in COTH Hospitals", COTHReport, Mar/Apr 1992 (Appendix C).

PROVISION OF DAY CARE (Table 31)

Less than half of COTH hospitals provide on-site day care for children of housestaff. Of those that do, sixty-five percent have a waiting list - which may vary with the age of the child - and 16 percent do not offer care on weekends. The survey did not collect data on the number of hospitals that assist housestaff in arranging day care through other sources.

Table 31

Infection Control Policies for Housestaff and Provision of Day Care for Children of Housestaff 1992-93

Question	Response	N	%
Does your hospital have a formal instructional program on infection control procedures/universal precautions that is required of all housestaff?	Yes	275	91%
	No	28	9
	Total	303	100
If yes, are housestaff required to repeat the program in later training years?	Yes	148	56%
	No	114	44
	Total	262	100
Does your hospital have formal written procedures for residents to follow in the event of exposure to blood-borne pathogens such as HIV or Hepatitis B?	Yes	304	99%
	No	2	1
	Total	306	100
If yes, do these procedures include prophylactic AZT treatments if a resident is potentially exposed to HIV?	Yes	250	86%
	No	40	14
	Total	290	100
If yes, do these procedures include counseling?	Yes	268	97%
	No	8	3
	Total	276	100
Are the AZT treatments free of charge?	Yes	244	98%
	No	6	2
	Total	250	100
Does your hospital provide on-site day care for children of housestaff	Yes	109	35%
	No	199	65
	Total	308	100
Is the care available on weekends?	Yes	15	16%
	No	80	84
	Total	95	100
Is there a waiting list for housestaff interested in day care for their children?	Yes	43	65%
	No	23	35
	Total	66	100

CHAPTER III

HOUSESTAFF FUNDING

STIPENDS AND BENEFITS: HOSPITAL EXPENDITURES AND SOURCES OF FUNDING (Tables 32 through 36)

Tables 32 through **35** are designed to provide some insight into the financing of resident stipends and benefits. **Table 32** develops ratios of benefit expenditures to stipend expenditures. The reader should note that this is not the ratio of benefits to total (benefit plus stipend) expenditures. For example, $2,000,000 in benefit expenditures and $8,000,000 in stipend expenditures correspond to a ratio of .25 (and not .20). On average, private hospitals spend more on benefits relative to stipends than do public hospitals.

Tables 33, **34,** and **35** report the distribution of funding sources for resident and clinical fellow stipend and benefit expenditures. The responses were divided into two separate groups: those that were able to provide data for residents and fellows separately (**Tables 33** and **34** and **Figure 4**) and those that combined the funding sources for both -- presumably, these hospitals were not able to separate resident from fellow funding (**Table 35**). The primary funding source for housestaff stipends and benefits is patient revenues and general operating appropriations. This percentage is greater for resident budgets (85 percent) than for clinical fellow budgets (58 percent). In percent terms, clinical fellow budgets derive considerable funding from medical school-university funds, physician fee revenue, and NIH. **Figure 4** presents these data graphically. Among ownership groups, private hospitals rely more heavily on patient revenues to fund housestaff expenditures than do public hospitals. These figures exclude Veterans Affairs hospitals which are almost uniformly supported by federal VA appropriations.

Table 36 displays aggregate total expenditures for housestaff stipends and benefits as reported by responding COTH hospitals. Comparisons across regions and ownership categories are complicated by the interplay of several factors: 1) differences in the number of housestaff; 2) different mixes of post-MD year students among respondents; and 3) differences in compensation or benefit levels.

Table 32

Ratio of Benefits to Stipends
by Region and Ownership
1992-93

Mean Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	0.29	0.22	0.27	0.21	0.26
State	0.27	0.22	0.18	0.22	0.21
Municipal	0.24	0.2	0.18	0.19	0.2
Church	0.24	0.24	0.25	*	0.24
Other Non-Profit	0.31	0.25	0.23	0.25	0.28
Veterans Affairs	0.18	0.18	0.54	0.19	0.27

Median Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	0.24	0.2	0.2	0.22	0.22
State	0.27	0.2	0.17	0.22	0.2
Municipal	0.24	0.21	0.17	0.19	0.21
Church	0.22	0.25	0.21	*	0.22
Other Non-Profit	0.25	0.2	0.22	0.25	0.24
Veterans Affairs	0.15	0.16	0.18	0.18	0.17

** too few respondents to report data*

Table 33

Funding Sources for Resident Stipends and Benefits by Ownership * 1992-93

Percentage Distribution for Residents

FUNDING SOURCE	OWNERSHIP				
	All	State	Municipal	Church	Other Non-Profit
Patient Revenues and General Operating Appropriations	85.1%	67.8%	**	95.1%	91.2%
State Appropriations Earmarked for Housestaff Expenses	1.7	4.1		2.5	1.0
Veterans Affairs Appropriations	3.8	9.5		0.0	2.5
Municipal Appropriations Earmarked for Housestaff Expenses	2.9	6.4		0.0	0.0
Medical School-University Funds	2.2	5.5		0.5	1.4
Physician Fee Revenue	0.6	1.6		0.0	0.4
N.I.H.	0.2	0.5		0.0	0.1
Other Federal Agencies	0.7	0.6		0.0	0.9
Foundation Grants, Voluntary Agencies	1.1	0.9		0.0	1.3
Endowment Income	0.1	0.3		0.0	0.1
Other	1.6	2.9		1.9	1.2
Number of Hospitals	93	15	3	9	66

** includes only those hospitals that provided separate funding data for residents and fellows, excludes VA hospitals*

*** too few respondents to report data*

Table 34

Funding Sources for Clinical Fellow Stipends and Benefits by Ownership * 1992-93

Percentage Distribution for Clinical Fellows

FUNDING SOURCE	OWNERSHIP				
	All	State	Municipal	Church	Other Non-Profit
Patient Revenues and General Operating Appropriations	57.7%	50.0%	**	75.9%	59.8%
State Appropriations Earmarked for Housestaff Expenses	1.3	3.1		0.0	0.8
Veterans Affairs Appropriations	4.9	13.5		0.0	2.5
Municipal Appropriations Earmarked for Housestaff Expenses	10.6	0.0		0.0	13.2
Medical School-University Funds	5.9	7.8		14.4	5.0
Physician Fee Revenue	5.8	10.0		1.3	4.8
N.I.H.	2.8	7.2		0.0	1.5
Other Federal Agencies	1.1	1.9		0.5	0.9
Foundation Grants, Voluntary Agencies	2.1	4.1		0.0	1.7
Endowment Income	0.8	0.6		2.9	0.7
Other	7.2	1.7		5.0	9.2
Number of Hospitals	93	15	3	9	66

** includes only those hospitals that provided separate funding data for fellows, excludes VA hospitals*

*** too few respondents to report data*

Table 35

Funding Sources for Stipends and Benefits of Residents and Fellows Combined by Ownership 1992-93 *

Percentage Distribution for Residents and Fellows

FUNDING SOURCE	OWNERSHIP				
	All	State	Municipal	Church	Other Non-Profit
Patient Revenues and General Operating Appropriations	79.5%	71.0%	66.4%	98.2%	88.1%
State Appropriations Earmarked for Housestaff Expenses	4.6	7.9	4.9	0.3	2.9
Veterans Affairs Appropriations	1.9	2.4	2.4	0.0	1.6
Municipal Appropriations Earmarked for Housestaff Expenses	4.0	1.4	18.5	0.0	0.4
Medical School-University Funds	1.6	2.7	1.4	0.7	1.0
Physician Fee Revenue	1.2	3.1	0.5	0.4	0.1
N.I.H.	0.2	0.1	0.3	0.1	0.2
Other Federal Agencies	0.4	0.0	0.1	0.0	1.0
Foundation Grants, Voluntary Agencies	0.3	0.0	1.0	0.3	0.1
Endowment Income	0.1	0.0	0.0	0.0	0.2
Other	6.3	11.4	4.5	0.0	4.4
Number of Hospitals	111	19	16	14	62

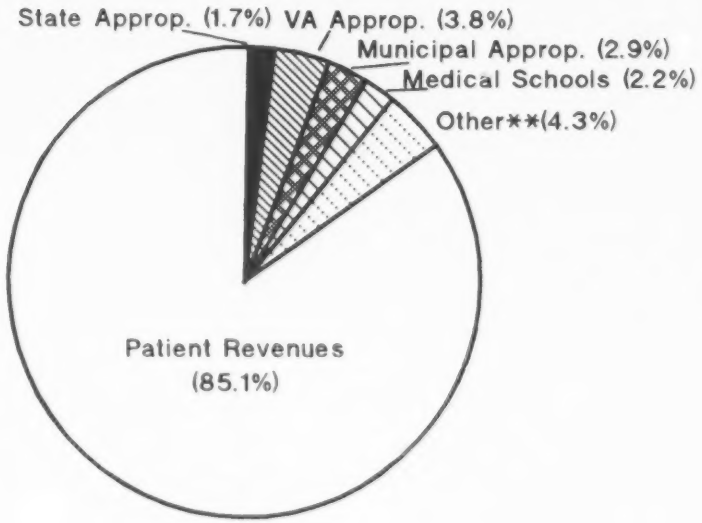
** includes only those hospitals that provided combined funding data for residents and fellows, excludes VA hospitals*

Figure 4

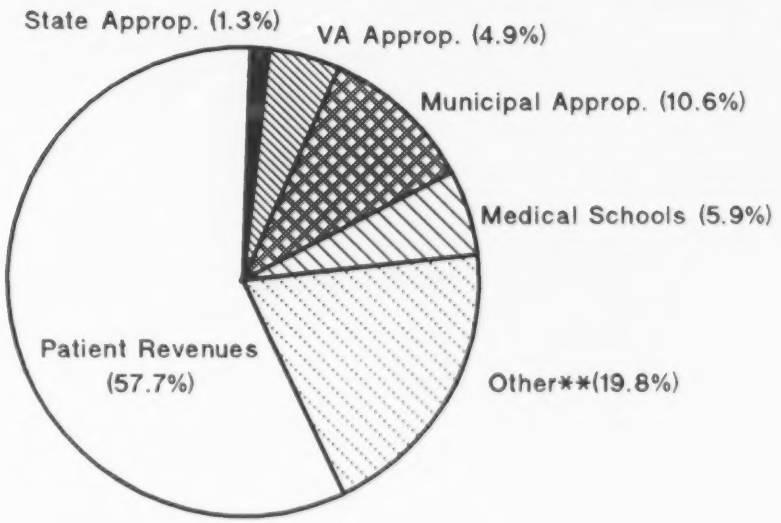
Sources of Funding for Housestaff Stipends and Benefits

All Hospitals, 1992-93*

Resident Stipends and Benefits



Clinical Fellow Stipends and Benefits



* Excludes Veterans Administration hospitals

** Includes Physician Fee Revenue, NIH and other federal agency funds, endowment income, and foundation grants.

Table 36

Expenditures for Stipends and Benefits by Region and Ownership 1992-93

Mean Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	$9,354,903	$8,711,811	$7,412,770	$8,983,969	$8,642,222
State	11,258,617	18,359,711	11,855,094	12,109,064	13,884,167
Municipal	*	7,042,135	6,816,347	13,474,825	9,968,288
Church	4,297,108	5,936,123	6,723,547	*	5,576,356
Other Non-Profit	10,113,900	7,145,458	7,293,490	6,123,304	8,738,384
Veterans Affairs	5,141,191	5,747,996	3,743,403	6,608,514	5,326,075

Median Values

OWNERSHIP	REGION Northeast	South	Midwest	West	All
All Hospitals	$6,010,127	$4,890,944	$4,216,873	$7,962,105	$5,653,424
State	11,866,748	13,568,822	10,150,991	10,777,058	11,436,814
Municipal	*	7,435,091	4,349,983	8,000,000	7,435,091
Church	5,938,840	4,384,136	3,310,000	*	3,845,568
Other Non-Profit	7,545,065	4,647,005	4,768,999	7,053,831	5,569,692
Veterans Affairs	5,065,389	3,415,155	3,316,380	6,684,803	3,782,133

** too few respondents to report data*

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Appendix A

Response Rate for the 1992 COTH Survey of Housestaff Stipends, Benefits, and Funding

Hospital Category		Number of Respondents	Number of COTH Members	Response Rate
All Hospitals		325	393	83%
Region				
	Northeast	115	157	73
	South	78	92	85
	Midwest	93	97	96
	West	39	47	83
Ownership				
	State	42	50	84
	Municipal	29	36	81
	Church	34	42	81
	Other Non-Profit*	163	193	84
	Veterans Affairs**	57	72	82

* *includes one for-profit hospital*
** *includes one other federal hospital*

APPENDIX B

1992
COUNCIL OF TEACHING HOSPITALS
SURVEY OF HOUSESTAFF STIPENDS, BENEFITS, AND FUNDING

Hospital Name: _____

City, State: _____

COTH ID Number: _____

SURVEY INSTRUCTIONS

Please:

o Complete all sections of the survey.

o Use footnotes liberally when it is necessary to explain an answer more fully.

o Indicate the name of a contact person, in case questions arise about a particular response.

Name: _____

Telephone: _____

o If you have any questions contact Alison Evans at (202) 828-0490.

o Return the survey **by May 31, 1992** to:

Alison Evans
Association of American Medical Colleges
Division of Clinical Services
2450 N Street, NW
Washington, DC 20037-1126
tel (202) 828-0490
fax (202) 828-1125

All data will be held strictly confidential

HOUSESTAFF STIPENDS

1. a. Please indicate the cash stipends for the 1992-93 academic year:

	1992-93 Stipends
1st Post-MD Year	$_____
2nd Post-MD Year	$_____
3rd Post-MD Year	$_____
4th Post-MD Year	$_____
5th Post-MD Year	$_____
6th Post-MD Year	$_____
7th Post-MD Year	$_____
8th Post-MD Year	$_____

b. Are 1992-93 stipends estimated? YES_____ NO_____

c. Is the base cash stipend the same across all specialties (not including recruitment incentives)?
YES_____ NO_____

If no, which specialties have stipends that are higher or lower than the figures reported above?_____

_____

d. Can program directors pay housestaff additional amounts out of their department funds? YES_____ NO_____

e. If housestaff receive funding through a research grant, are these funds offset against their stipend?
YES_____ NO_____

2. Recruitment Incentives:

a. To encourage medical students to select residency training in **FAMILY PRACTICE** at your hospital, do you provide the following to housestaff:

i.	Financial assistance with the repayment of their student loans?	YES_____	NO_____	
ii.	Loan forgiveness directly related to medical school tuition	YES_____	NO_____	
iii.	Financial bonus or other added compensation?	YES_____	NO_____	
iv.	Subsidized expenses for interviews?	YES_____	NO_____	max. amount_____
v.	Subsidized relocation and moving expenses?	YES_____	NO_____	max. amount_____
vi.	Expense accounts for books or CME courses?	YES_____	NO_____	max. amount_____
vii.	Hospital sponsored or arranged moonlighting?	YES_____	NO_____	
viii.	Hospital subsidized malpractice insurance for moonlighting?	YES_____	NO_____	
ix.	Other recruitment incentives?_____			

b. To encourage medical students to select residency training in **INTERNAL MEDICINE** at your hospital do you provide the following to housestaff:

CHECK HERE IF THE RECRUITMENT INCENTIVES ARE THE SAME AS FOR FAMILY PRACTICE:_____ (skip to question 2.c)

i.	Financial assistance with the repayment of their student loans?	YES_____	NO_____	
ii.	Loan forgiveness directly related to medical school tuition?	YES_____	NO_____	
iii.	Financial bonus or other added compensation?	YES_____	NO_____	
iv.	Subsidized expenses for interviews?	YES_____	NO_____	max. amount_____
v.	Subsidized relocation and moving expenses?	YES_____	NO_____	max. amount_____
vi.	Expense accounts for books or CME courses?	YES_____	NO_____	max. amount_____
vii.	Hospital sponsored or arranged moonlighting?	YES_____	NO_____	
viii.	Hospital subsidized malpractice insurance for moonlighting?	YES_____	NO_____	
ix.	Other recruitment incentives?_____			

2. Recruitment Incentives (continued):

c. To encourage medical students to select residency training in **PEDIATRICS** at your hospital, do you provide the following to housestaff:

CHECK HERE IF THE RECRUITMENT INCENTIVES ARE THE SAME AS FOR FAMILY PRACTICE:_____ (skip to question 2.d)

i.	Financial assistance with the repayment of their student loans?	YES_____	NO_____	
ii.	Loan forgiveness directly related to medical school tuition?	YES_____	NO_____	
iii.	Financial bonus or other added compensation?	YES_____	NO_____	
iv.	Subsidized expenses for interviews?	YES_____	NO_____	max. amount_____
v.	Subsidized relocation and moving expenses?	YES_____	NO_____	max. amount_____
vi.	Expense accounts for books or CME courses?	YES_____	NO_____	max. amount_____
vii.	Hospital sponsored or arranged moonlighting?	YES_____	NO_____	
viii.	Hospital subsidized malpractice insurance for moonlighting?	YES_____	NO_____	
ix.	Other recruitment incentives?_____			

d. To encourage medical students to select residency training in **OB/GYN** at your hospital, do you provide the following to housestaff:

CHECK HERE IF THE RECRUITMENT INCENTIVES ARE THE SAME AS FOR FAMILY PRACTICE:_____ (skip to question 2.e)

i.	Financial assistance with the repayment of their student loans?	YES_____	NO_____	
ii.	Loan forgiveness directly related to medical school tuition?	YES_____	NO_____	
iii.	Financial bonus or other added compensation?	YES_____	NO_____	
iv.	Subsidized expenses for interviews?	YES_____	NO_____	max. amount_____
v.	Subsidized relocation and moving expenses?	YES_____	NO_____	max. amount_____
vi.	Expense accounts for books or CME courses?	YES_____	NO_____	max. amount_____
vii.	Hospital sponsored or arranged moonlighting?	YES_____	NO_____	
viii.	Hospital subsidized malpractice insurance for moonlighting?	YES_____	NO_____	
ix.	Other recruitment incentives?_____			

e. To encourage medical students to select residency training in **SURGERY** at your hospital, do you provide the following to housestaff:

CHECK HERE IF THE RECRUITMENT INCENTIVES ARE THE SAME AS FOR FAMILY PRACTICE:_____ (skip to question 2.f)

i.	Financial assistance with the repayment of their student loans?	YES_____	NO_____	
ii.	Loan forgiveness directly related to medical school tuition?	YES_____	NO_____	
iii.	Financial bonus or other added compensation?	YES_____	NO_____	
iv.	Subsidized expenses for interviews?	YES_____	NO_____	max. amount_____
v.	Subsidized relocation and moving expenses?	YES_____	NO_____	max. amount_____
vi.	Expense accounts for books or CME courses?	YES_____	NO_____	max. amount_____
vii.	Hospital sponsored or arranged moonlighting?	YES_____	NO_____	
viii.	Hospital subsidized malpractice insurance for moonlighting?	YES_____	NO_____	
ix.	Other recruitment incentives?_____			

f. Does your hospital offer the same recruitment incentives to <u>all</u> other programs? YES_____ NO_____ (skip to question 3)

g. Does your hospital offer the same recruitment incentives to <u>some</u> other programs? YES_____ NO_____
If so, please specify which other programs_____

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HOUSESTAFF BENEFITS

3. Indicate the benefits provided to first year house officers by your hospital (check appropriate column):

	Benefit Provided			Benefit Not Provided
	Fully Paid by Hospital	Cost Shared	Not paid by hospital	
a. Life Insurance	____	____	____	____
Amount of Coverage $_____ (or ___ x salary).				
Is supplemental, employee-paid insurance available? ___Y ___N				
b. Long-term Disability Insurance	____	____	____	____
Gross Benefit as percent of salary _____% (or ___ x salary)				
Length of Coverage _____ (age or years)				
c. Health Benefits				
Mark the following health benefit premiums as fully paid, even if coverage is subject to deductibles or copayments. Indicate partially paid, only if the premium is partially paid by the hospital.				
i. Group Medical Insurance				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
ii. Vision Benefits				
Check here, if included in Group Medical Insurance ____				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
iii. Prescription Drug Benefits				
Check here, if included in Group Medical Insurance ____				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
iv. Psychiatric Counseling/Psychological Support				
Check here, if included in Group Medical Insurance ____				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
v. Group Dental Insurance				
Premium for Individual Coverage Only	____	____	____	____
Premium for Family Coverage	____	____	____	____
d. Employee Assistance Program				
Individual Coverage Only	____	____	____	____
Family Coverage	____	____	____	____
e. Hospital Employee Health Service Program				
Individual Coverage Only	____	____	____	____
Family Coverage	____	____	____	____
f. Housing	____	____	____	____
g. Parking	____	____	____	____
h. Meals When Working	____	____	____	____
When On Call	____	____	____	____

If housing, parking, or meals are provided at reduced rates, check these as "partially paid".

4. Do housestaff have a choice of alternative health insurance plans? YES____ NO____

If YES, what is the number of plans: #_____

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5. a) Are housestaff enrolled in a defined benefit retirement plan? YES____ NO____

b) Are housestaff enrolled in a defined contribution retirement plan? YES____ NO____
If YES, please answer i-iv:
i. Percent of base salary which hospital contributes: ___ %
ii. Max. percent of base salary which housestaff may contribute: ___ %
iii. Number of years before fully vested: ___ Years
iv. Time before eligible for participation: ___ Months

c) What is the length of appointment for housestaff (please check one)?
___ one year, renewable
___ length of training
___ other

6. How many weeks of vacation do housestaff receive during a year?
1st Year Housestaff_____weeks
2nd Year Housestaff_____weeks

7. a. How many days may housestaff spend at off-site educational seminars during a year? ____days
b. Is the time-off to attend seminars granted in addition to vacation leave? YES____ NO____
c. Does your hospital contribute a per-diem stipend or contribute to the registration of the seminar? YES____ NO____
Amount: $_____

8. a. Does your hospital provide on-site day care for children of housestaff? YES____ NO____
b. How many hours per day is the care available on weekdays (Mon-Fri)? _____ hours
c. Is the care available on weekends? YES____ NO____
d. If so, how many hours per day is the care available on weekends? _____ hours
e. Is there a waiting list for housestaff interested in day care for their children? YES____ NO____
If so, how long is the waiting period? _____ weeks

HOUSESTAFF POLICIES

9. If you indicated above that your hospital provides long-term disability insurance to housestaff, please answer the following questions:

a) Are other hospital employees covered under the same disability plan as housestaff? YES_____ NO_____

b) Is the disability insurance portable/transferable when house officers leave? That is, can house officers continue their coverage by paying the monthly premium themselves, even after they have left the hospital's employ? YES_____ NO_____

c) If the policy is portable, can additional coverage be obtained when house officers leave the hospital and earn a higher income? YES_____ NO_____
If YES, is a medical screening test required in order to obtain additional coverage? YES_____ NO_____

10. Does your hospital have a formal instructional program on infection control procedures/universal precautions that is required of all housestaff? YES_____ NO_____
If yes, are housestaff required to repeat the program in later training years? YES_____ NO_____

11. Does your hospital have formal written procedures for residents to follow in the event of exposure to blood-borne pathogens such as HIV and Hepatitis B? YES_____ NO_____
If yes, do these procedures include prophylactic AZT treatments if a resident is potentially exposed to HIV? YES_____ NO_____
If yes, do these procedures include counseling? YES_____ NO_____
Are these AZT treatments free of charge? YES_____ NO_____

12. a) Does your hospital require housestaff to keep immunizations current? YES_____ NO_____

b) If YES, which of the following immunizations are included in this policy:

_____ measles
_____ mumps
_____ rubella
_____ hepatitis B
_____ tetanus

c) Does your hospital require documentation or proof of immunity to enforce this policy? YES_____ NO_____
d) Are housestaff "skin-tested" for tuberculosis? YES_____ NO_____
e) Are immunizations provided free of charge to housestaff? YES_____ NO_____

13. Are financial planning/debt management services made available to housestaff? YES_____ NO_____

If yes, who provides these services?

_____ Hospital Personnel
_____ Medical School Financial Aid Officer
_____ Program Director
_____ Outside Consultant
_____ Other (please specify)
_____

HOUSESTAFF FUNDING

13. Indicate the sources used to pay the costs of 1992-93 stipends and benefits for housestaff at your hospital:

	Residents	Clinical Fellows
a. Patient revenues/General operating appropriations	$_____	$_____
b. State appropriations earmarked for housestaff expenses	$_____	$_____
c. Municipal appropriations earmarked for housestaff expenses	$_____	$_____
d. Veterans Administration appropriations	$_____	$_____
e. Physician fee revenue	$_____	$_____
f. Medical school/university funds	$_____	$_____
g. NIH	$_____	$_____
h. Other federal agencies	$_____	$_____
i. Endowment income	$_____	$_____
j. Foundation grants/voluntary agencies	$_____	$_____
k. Other (specify)_____	$_____	$_____
L. TOTAL	$_____	$_____

		Residents	Clinical Fellows
14. Indicate the split between expenditures for housestaff stipends and expenditures for housestaff benefits. (Total should equal line L in question 13.)	Stipends:	$_____	$_____
	Benefits:	$_____	$_____
	Total:	$_____	$_____
Please provide an estimate of the split if dollar figures are not available:	Stipends:	_____%	_____%
	Benefits:	_____%	_____%
	Total:	100 %	100 %

15. What percent of the hospital's total operating budget is spent for housestaff stipends and benefits (residents and fellows combined)? _____%

SUPPLEMENTAL QUESTION FOR FEDERAL COTH MEMBERS

The following is a supplemental question for federal COTH members only. Nonfederal COTH members are asked this question as part of the COTH Survey of Financial and Operating Data. The VA has a strong commitment to graduate medical education, and we feel it is important to collect data on the number of FTE housestaff rotating through federal, COTH member hospitals. We therefore urge you to complete this supplemental question.

NUMBER OF RESIDENTS AND FELLOWS

16. For each residency/fellowship program in your hospital, indicate the number of FTE residents/fellows located on-site in your hospital on an average day throughout the 1991-92 year. Specific instructions on the reverse side of the questionnaire specify the types of residents/fellows to be included in the program counts. Do not include FTE residents and fellows who are paid by your hospital but who are located off-site; include FTE residents on-site but paid by other sources (consult instructions on reverse page). If your hospital does not have a residency/fellowship program, enter a zero in that space.

Program	Residents (FTEs) On-Site[1]
Allergy/Immunology	
Anesthesiology	
Colon & Rectal Surgery	
Dentistry/Oral Surgery	
Dermatology	
Family Practice	
Internal Medicine[2]	
-Primary Care Track[3]	
-Preliminary/Categorical[4]	
Neurological Surgery	
Neurology	
Nuclear Medicine	
Ophthalmology	
Orthopaedic Surgery	
Otolaryngology[5]	
Pathology	
Physical Medicine/Rehab	
Plastic Surgery	
Podiatry	
Psychiatry	
Radiation Oncology	
Radiology	
Surgery	
Thoracic Surgery[6]	
Urology	
Other[7]_____	
Other_____	
Other_____	
TOTAL FTEs all Specialties	

Program	Fellows (FTEs) On-Site[8]
Allergy/Immunology[9]	
Anesthesiology[10]	
Dermatology[11]	
Family Medicine[12]	
Internal Medicine[13]	
Neurological Surgery[14]	
Nuclear Medicine[15]	
Ophthalmology	
Orthopaedic Surgery[16]	
Otolaryngology	
Pathology[17]	
Plastic Surgery[18]	
Psychiatry/Neurology	
Radiology[19]	
Surgery[20]	
Other[21]_____	
Other_____	
Other_____	
TOTAL FTEs all Specialties	

INSTRUCTIONS FOR COMPLETING QUESTION 16

RESIDENTS:

1) **Residents (FTEs) Onsite:** Report the number of FTE Residents training **in your hospital** on an average day during the fiscal year. Count residents in approved programs. Include in this count FTE Residents in both inpatient and outpatient areas. Do NOT count residents supported by hospital funds but assigned to other hospitals. INCLUDE on-site FTEs paid by other entities, such as other hospitals, the campus/university, the medical school, a faculty practice plan, the government, or nonfederal grants and foundations. Do NOT include residents in patient/family counseling, clinical psychology, dietary, or pharmacy.

2) **Internal Medicine:** Subspecialty residents in Cardiology, Endocrinology, Gastroenterology, Hematology, Infectious Disease, Nephrology, Oncology, Pulmonary Disease, Rheumatology, and other Medicine sub-specialties should be counted with FTE Clinical Fellows.
3) **Primary Care Track, Internal Medicine:** A specific, 3-year primary care training program as listed in the **1991-92 Directory of the National Residency Matching Program (NRMP).**
4) **Preliminary/Categorical, Internal Medicine:** Training programs that serve as preliminary training for another specialty or any program that carries the trainee from entry to certification, as listed in the **1991-92 NRMP Directory.**
5) **Otolaryngology:** Also known as Head and Neck Surgery.
6) **Thoracic Surgery:** Also known as Surg-Cardiopulmonary.
7) **Other:** Specify program.

FELLOWS:

8) **Fellows (FTEs) Onsite:** Report the number of FTE Clinical Fellows training **in your hospital** on an average day during the fiscal year. Include in this count FTE Fellows in both inpatient and outpatient areas. Do NOT count fellows supported by hospital funds but assigned to other hospitals. INCLUDE on-site FTEs paid by other entities, such as other hospitals, the campus/university, the medical school, a faculty practice plan, the government, or nonfederal grants and foundations.

9) **Allergy/Immunology:** Include Diagnostic Laboratory Immunology.
10) **Anesthesiology:** Include Critical Care Medicine.
11) **Dermatology:** Include Dermopathology, Dermatological Immunology/Diagnostic and Laboratory Immunology.
12) **Family Medicine:** Include Geriatric Medicine.
13) **Internal Medicine:** Include Cardiovascular Disease, Critical Care Medicine, Diagnostic Laboratory Immunology, Endocrinology & Metabolism, Gastroenterology, Hematology, Infectious Disease, Medical Oncology, Nephrology, Pulmonary Disease, and Rheumatology.
14) **Neurological Surgery:** Include Critical Care Medicine.
15) **Nuclear Medicine:** Include Radioisotopic Pathology.
16) **Orthopaedic Surgery:** Include Hand Surgery.
17) **Pathology:** Include Blood Banking, Chemical Pathology, Dermatopathology, Forensic Pathology, Hematology, Immunopathology, Medical Microbiology, Neuropathology, and Radioisotope Pathology.
18) **Plastic Surgery:** Include Hand Surgery.
19) **Radiology:** Include Nuclear Radiology.
20) **Surgery:** Include General Vascular Surgery and Surgical Critical Care.
21) **Other:** Specify specialty.

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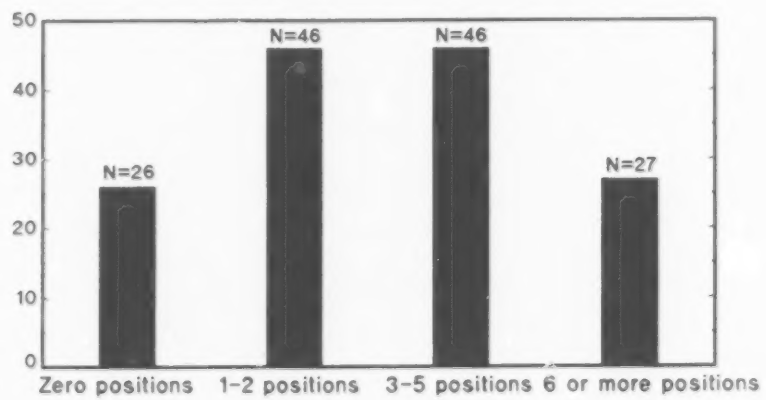
ALTERNATIVE SCHEDULING FOR HOUSESTAFF IN COTH HOSPITALS

Alison Evans

Approximately 52 percent of COTH hospitals (158 of 304 respondents) have policies permitting shared residency positions or positions with reduced schedules and extended training time according to the recently released **1991 COTH Survey of Housestaff Stipends, Benefits and Funding**. While half of COTH hospitals have such policies, the practice of using alternative schedules is less widespread; twenty-six hospitals with policies had no alternative schedule positions in the past five years (see graph). Thirteen hospitals with policies were unable to report the number of alternative schedule positions. When asked which of seven specialties had positions of this type in the past five years, hospitals more frequently indicated internal medicine (64), pediatrics (59), psychiatry (50) and family practice (36), than anesthesiology (18), obstetrics/gynecology (10) and general surgery (8).

Responding COTH hospitals provided more reduced schedule positions than part-time shared positions. This may be due to the fact that finding a partner to apply for a shared position can be difficult in some cases. Obtaining a shared position through the National Resident Matching Program requires two applicants to apply as one pair. The applicants are listed with a combined name and neither shared-pair partner may apply for a full-time position in any program. According to **The New Physician** (October 1990), residents often wait until their second year to find a shared position partner. On the other hand, reduced schedules are more flexible and allow for various scheduling combinations; for example, three residents may cover two positions, or one resident may have an 80 percent workload. Residents often must negotiate changes in work schedules, salaries and benefits on an individual basis with the program director and the hospital administration.

Number of Responding Hospitals with Reduced Schedule/Extended Training Time or Shared Positions in the Past Five Years



Source: COTH Survey of Housestaff Stipends, Benefits, and Funding, 1991, AAMC.

Other surveys show that in 1990, 744 individual programs (15.8 percent of nationwide respondents) offered part-time shared positions, a 20 percent increase over 1989 (see **Journal of the American Medical Association**, August 21, 1991, pp. 933-943). Nearly half of these positions were in internal medicine, family practice, pediatrics, psychiatry, and child psychiatry. The increase in alternative scheduling for residencies may be attributed to an increase in the number of female trainees, increasing support for child care options for parents, emphasis on reduced workloads for residents, and attempts to attract more medical school graduates to primary care programs by offering flexible scheduling arrangements. ■

ED LINE MOST COTH HOSPITALS OFFER DISABILITY INSURANCE

Alison Evans

For the first time, COTH hospitals were asked to provide information on portable disability insurance offered to housestaff in this year's **COTH Survey of Housestaff Stipends, Benefits, and Funding**. With portable disability insurance, housestaff can continue their disability coverage, even after they have left the hospital's employ, often by paying the monthly premium themselves. The plan offered by Yale-New Haven Hospital received widespread attention when it was introduced three years ago. Overall, 217 COTH hospitals (78 percent of respondents) offer disability insurance to housestaff; of these, forty-two percent have **portable** disability insurance.

Almost all COTH hospital policies cover disabilities resulting from HIV infection (95 percent). Of the portable policies, 86 percent offer additional coverage to housestaff who earn a higher income after leaving the hospital, rather than basing the coverage on the annual resident stipend. However, one third of the policies require a medical screening to obtain this additional coverage.

There appears to be a correlation between hospitals with portable disability plans and hospitals that have separate disability plans for housestaff and other employees. Of the hospitals with portable disability insurance plans, only 22 percent include other hospital employees in the plan; in contrast 53 percent of disability plans overall include other employees.

AAMC efforts have resulted in additional carriers coming forward with portable disability insurance plans. These plans provide for increased coverage without medical screening and are more moderately priced. Several hospitals, including Emory University Hospital, Milton S. Hershey Medical Center, and Medical College of Virginia Hospitals, have purchased disability insurance for housestaff through these brokers.

For more information contact Robert F. Jones, PhD, AAMC Assistant Vice President for Institutional Studies, (202) 828-0520. ■

ED LINE IMMUNIZATIONS FOR HOUSESTAFF IN COTH HOSPITALS

Alison Evans

Approximately 77 percent of COTH hospitals (232 of 303 respondents) require housestaff to keep immunizations current, according to data collected by the *1991 COTH Survey of Housestaff Stipends, Benefits, and Funding*. Two federal agencies, the Occupational Health and Safety Administration (OSHA) and the Centers for Disease Control (CDC) have made information available on immunization policies. OSHA regulations require hepatitis B vaccinations for certain hospital employees, while CDC recommends a range of immunizations for health care workers. Although CDC includes medical students in the group of health-care professionals that has special occupational immunization needs, OSHA does not require hospitals to include medical students in vaccination or training programs.

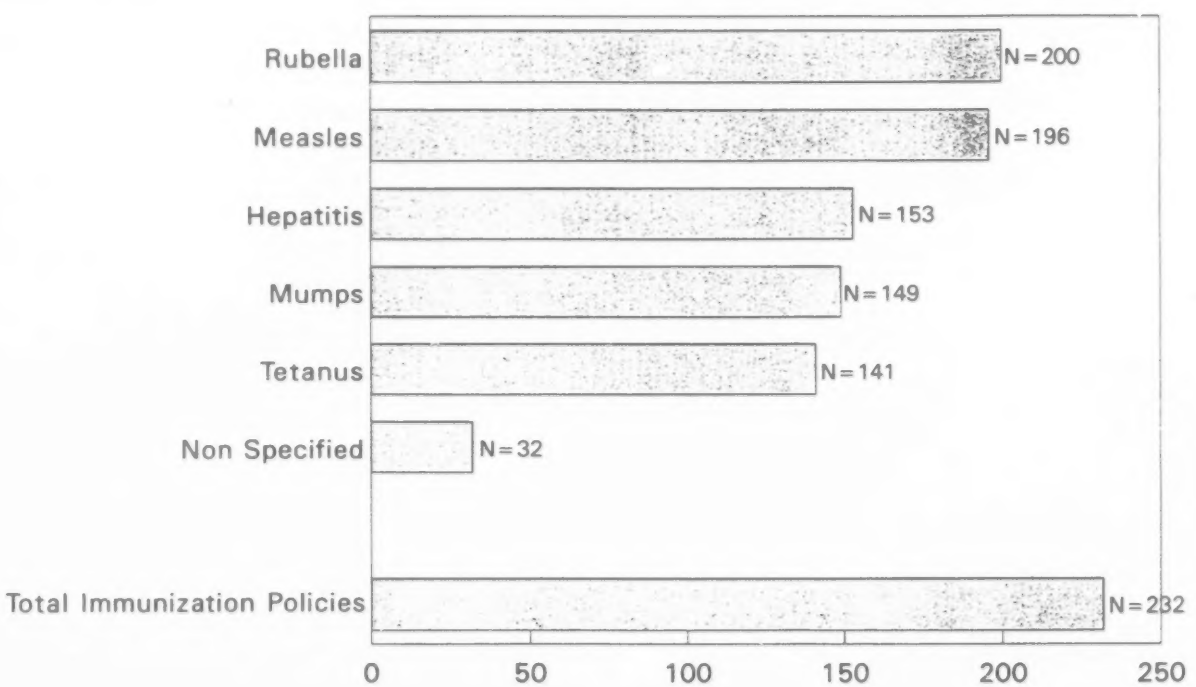
The *COTH Housestaff Survey* asked hospitals to indicate which of five specific immunobiologics are included in the hospital's immunization policy: Rubella and measles were the most common, followed by hepatitis, mumps, and tetanus (see graph). Thirty-two hospitals requiring current immunizations did not specify which vaccines specifically are included. Ninety-six percent of COTH hospitals screen housestaff for tuberculosis, according to survey data.

Recent OSHA Regulations

In December 1991 OSHA published final regulations on Occupational Exposure to

Continued on page 5...

Number of COTH Hospitals with Immunization Policies for:



Source: COTH Survey of Housestaff Stipends, Benefits and Funding, AAMC, 1991.

Immunizations *(continued)*

Bloodborne Pathogens. These extensive regulations address hepatitis B vaccines as well as universal precautions, workplace practice controls, personal protective equipment, housekeeping, recordkeeping, needlestick exposure/ management, and training programs. OSHA jurisdiction covers all hospital employees, including housestaff, but does not apply to medical students.

OSHA requires that all hospital employers shall "make available the hepatitis B vaccine and vaccinations series to all employees who have occupational exposure..." The vaccines must be made available at no cost to the employee; vaccines need not be made available if the employee has previously received the hepatitis B vaccination series, if prescreening reveals the employee is immune, or if the vaccine is contraindicated for medical reasons. Employees who decline the vaccine must sign a mandatory Hepatitis B Vaccine Declination Statement drafted by OSHA. Requirements for training programs, training program records, and post-exposure evaluation and follow-up also are outlined in the regulation. A series of fact sheets that discuss various OSHA regulations covering exposure to bloodborne pathogens, can be obtained from OSHA Publications, Room N-3101, 200 Constitution Avenue, NW, Washington, DC 20210 (phone: 202-523-9667) and from OSHA regional offices.

CDC Recommendations

CDC has issued separate immunization recommendations for health-care workers: "Because of their contact with patients or infectious material from patients, many health-care workers (physicians, nurses, dental professionals, medical and nursing students, laboratory technicians, and administrative staff)... are at risk for exposure to and possible transmission of vaccine-preventable diseases. Optimal use of immunizing agents will not only safeguard the health of workers but also will protect patients from becoming infected." (CDC: Update on Adult Immunization, MMWR, 1991).

CDC generally recommends the following immunobiologics for hospital, lab, and other health-care personnel: hepatitis B, influenza, measles, rubella, mumps, and polio. In addition, diphtheria and tetanus are recommended for foreign students. Documentation to prove prior immunity varies by disease. CDC has developed Vaccine Information Pamphlets, which address indications or contraindications for use, side effects, possible adverse reactions, and more; these pamphlets can be obtained by contacting your state health department or the Centers for Disease Control in Atlanta, Georgia. ■